Medi-Cal Rx Contract Drugs List

July 1, 2026

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Revision History

Drug Name	Description	Effective Date
Apixaban	Additional formulations (sprinkle capsules and tablets for suspension) added to CDL with LR.	May 1, 2026
Estrogens, Conjugated	**Effective June 1, 2026:** LR added.	May 1, 2026
Estrogens, Conjugated and Medroxyprogesterone Acetate	LR added.	May 1, 2026
Insulin Glargine (rDNA Origin)	**Effective August 9, 2026:** LR 00002 removed.	May 1, 2026
Lithium Carbonate	Additional strength (600 mg capsules) added to CDL.	May 1, 2026
Milnacipran HCL	**Effective June 1, 2026:** LR added.	May 1, 2026
Paliperidone Palmitate	LR added to 273 mg/0.875 ml, 410 mg/1.315 ml, 546 mg/1.75 ml, 819 mg/2.625 ml, 1092 mg/3.5 ml, 1560 mg/5 ml strengths. **Effective June 1, 2026:** LR added to 39 mg/0.25 ml, 78 mg/0.5 ml, 117 mg/ 0.75 ml, 156 mg/ml, 234 mg/1.5 ml strengths.	May 1, 2026
Risperidone	**Effective June 1, 2026:** LR added to long-acting injection kit.	May 1, 2026
Spinosad	Additional LR (84635) added.	May 1, 2026
Tazemetostat	Removed from CDL.	May 1, 2026
Ziftomenib	PA required.	May 1, 2026
Aripiprazole	LR added to kits and vials.	June 1, 2026
Aripiprazole Lauroxil	LR added.	June 1, 2026
Azilsartan Medoxomil	LR added.	June 1, 2026
Buprenorphine	LR added to syringes.	June 1, 2026
Elinzanetant	Added to CDL with LR.	June 1, 2026
Fluticasone/Vilanterol	**Effective July 1, 2026:** Additional strength (50-25 mcg) and LR added to CDL.	June 1, 2026
Hydrochlorothiazide	New dosage form (oral suspension) added to CDL.	June 1, 2026

Drug Name	Description	Effective Date
Mirabegron	**Effective July 1, 2026:** LR added.	June 1, 2026
Propranolol HCL	LR removed from 4.28 mg/ml liquid.	June 1, 2026
Tenofovir Alafenamide	LR added.	June 1, 2026
Umeclidinium Bromide/ Vilanterol Trifenatate	**Effective July 1, 2026:** LR added.	June 1, 2026
Vilazodone HCL	Added to CDL.	June 1, 2026
Azilsartan Medoxomil/ Chlorthalidone	LR added.	July 1, 2026
Cannabidiol	LR added.	July 1, 2026
Ciprofloxacin HCL/ Hydrocortisone	LR 00078 removed.	July 1, 2026
Doravirine/Islatravir	Added to CDL with LR.	July 1, 2026
Dornase Alfa	LR added.	July 1, 2026
Epoetin Alfa-epbx	Added to CDL with LR.	July 1, 2026
Estradiol	LR added to the vaginal rings.	July 1, 2026
Glatiramer Acetate	**Effective August 1, 2026:** LR removed.	July 1, 2026
Mometasone Furoate	LR added to aerosol inhaler and oral powder for inhalation.	July 1, 2026
Mometasone/Formoterol	LR added.	July 1, 2026
Polyethylene Glycol 3350/ Sodium Sulfate/Potassium Chloride/Magnesium Sulfate/Sodium Chloride	Additional LR (24338) added.	July 1, 2026
Remibrutinib	Added to CDL with QL, LR, and diagnosis restrictions.	July 1, 2026
Risperidone	LR added to extended-release single-dose prefilled syringes.	July 1, 2026
Semaglutide (Ozempic)	Additional strengths (1.5 mg, 4 mg, 9 mg tablets) added to CDL with LR and diagnosis restrictions.	July 1, 2026
Sodium Sulfate/Potassium Chloride/Magnesium Sulfate	Additional LR (24338) added.	July 1, 2026
Ticagrelor	**Effective August 1, 2026:** LR removed.	July 1, 2026
Ulipristal Acetate	LR removed.	July 1, 2026

General Provisions

1. Provisions of coverage are contained in the *California Code of Regulations* (CCR), Title 22, Sections 51313, 51313.3, and 51313.6.
2. Code I drugs marked with a symbol (*) require authorization in accordance with Section 51003 unless used under the conditions specified in the Contract Drugs List (CDL) and are subject to the prescription documentation requirements in CCR, Title 22, Section 51476I. Refer to CCR, Title 22, Section 51313.3(b).
3. Drugs marked with a symbol (+) have a frequency of billing requirement. Refer to CCR, Title 22, Section 51513(b)(3). Full payment (drug ingredient cost plus a professional fee component) to a pharmacy is limited to a maximum of three claims for the same drug and strength dispensed to the same member within any 75-day period. The fourth claim from any provider, and subsequent claims for the same drug and strength dispensed to the same member within any 75-day period will be paid at the drug ingredient cost only. Exceptions are with the initial prescription, when authorization is obtained for more frequent billing, or when drugs are dispensed in a quantity of 180 or more tablets or capsules.
4. Drugs marked with a symbol (††) have a unit price based on the package size determined by the Director to be the size most frequently purchased by providers. Refer to CCR, Title 22, Section 51513(a)(2). A complete listing of these drugs is found in the *Reimbursement* section of the *Medi-Cal Rx Provider Manual*.

Legend Drugs

Legend drugs that are listed in the CDL are covered by the Medi-Cal program. Legend drugs not listed may be covered subject to authorization from a Medi-Cal consultant.

Non-Legend Over-the-Counter Drugs

Non-legend over-the-counter (OTC) drugs that are listed in the CDL are covered by the Medi-Cal program. OTC drugs not listed, and not otherwise excluded, may be covered subject to authorization from a Medi-Cal consultant.

OTC Antihistamine, Nasal Decongestant, and Combinations

All OTC cough and cold products are restricted to individuals 2 years of age and older.

Compounded Prescriptions

Prescribed drugs listed in the CDL and unlisted drugs approved by authorization that require special compounding by the pharmacist are covered by the Medi-Cal program, provided that the name, quantity, and principal labeler of each ingredient are listed on the claim.

Cost Ceiling Limits

Claims submitted to Medi-Cal Rx are subject to the cost ceiling claim edit Reject Code 78 – Cost Exceeds Maximum. To improve pharmacy claim submission and processing quality and to mitigate potential Fraud, Waste, and Abuse (FWA) in Medi-Cal Rx, the previous $10,000 cost ceiling policy has been revised to the following cost ceiling categories as outlined in the following table:

Cost Ceiling Limits		
Drug/Product	**Identifier**	**Value Per Claim**
Over-the-Counter (OTC)	OTC	$50
Generic	Generic	$1,000
Single and Multisource Brand	Brand	$4,000
High-Cost Drug (HCD) – Generic and Brand	HCD	$14,000

Note: Cost ceiling limits impacting drugs for the NDCs provided on the *Medi-Cal Rx Approved NDC List* are categorized by the following Cost Ceiling Limit Identifiers:

- **OTC:** Over-the-counter products where the claim threshold amount is equal to or greater than $50.
- **Generic:** Generic drugs where the claim threshold amount is equal to or greater than $1,000.
- **Brand:** Brand, multisource drugs where the claim threshold amount is equal to or greater than $4,000 when the claim is submitted with a Dispense As Written (DAW) code of DAW 1. These claims will be subject to Brand Medically Necessary (BMN) prior authorization (PA) requirements.
  - **Note:** Claims without a DAW 1 will be evaluated based on the Generic cost ceiling limit.
- **HCD:** High-cost generic and brand drugs, not in the Generic or Single and Multisource Brand categories, where the claim threshold amount is equal to or greater than $14,000.
- **Excluded:** Drugs excluded from the cost ceiling limits.
  - **Note:** Other products excluded from cost ceiling limits include specific disposable medical supplies, diabetic testing supplies, COVID-19 antigen tests, enteral nutrition products, OTC insulin, and drugs submitted as a compound claim.

Additional information can be found in the *Medi-Cal Rx Provider Manual*.

Drugs Used in the Treatment of HIV

Drugs indicated for the treatment of HIV may be used for PEP without obtaining a PA.

Erectile Dysfunction Drugs: Non-Benefit

Erectile Dysfunction (ED) drugs have not been a Medi-Cal benefit since the enactment of Assembly Bill 2885 (Chapter 95, Statutes of 2006) on July 20, 2006. AB 2885 amended *Welfare and Institutions Code* (W&I Code), Section 14132, that specified drugs used to treat ED, or any off-label use of those drugs, would only be reimbursable by Medi-Cal if Federal Financial Participation (FFP) was available. FFP has not been available for ED drugs since January 1, 2006.

GLP-1 Drugs for Weight Loss: Non-Benefit

Effective January 1, 2026, GLP-1 drugs when used for weight loss or weight loss-related indications are not a Medi-Cal Rx covered benefit except for members younger than 21 years of age pursuant to the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

Medi-Cal Rx reviews and adjudicates PAs submitted for the following indications approved by the U.S. Food and Drug Administration (FDA) on a case-by-case basis to establish medical necessity and to determine if the member's individual needs are met:

- Wegovy® when used for cardiovascular disease
- Zepbound® when used for obstructive sleep apnea (OSA)

PA requests submitted for weight loss or weight loss-related indications will be reviewed for medical necessity for members younger than 21 years of age pursuant to the federal EPSDT benefit. Include the following information when submitting a PA request:

- Diagnosis/diagnoses
- Quantity/days' supply
- Other products tried and the reason(s) why those products do not meet the member's needs
- Contraindications and allergies
- Chart notes/lab reports
- Supporting literature, compendia, or treatment guidelines if for off label use

Controlled Substance Policy

Claims for all controlled substances, including opioids (DEA Schedule II-V) will have a **maximum days' supply** of 35 days. A PA request will be required for claims submitted for more than 35 days.

Note: This limit does **not** apply to new start opioid prescriptions.

New start opioid claims will be restricted to a 7-day supply or a maximum **quantity** of 30 solid dosage units (each) or 240 ml for liquids.

Claims submitted for controlled substances will be restricted to the following utilization limits:

Controlled Substance Utilization Limits			
Description	**Max Day Supply**	**Quantity Limit**	**Refill Threshold**
All Controlled Substances (except opioids, benzodiazepines, buprenorphine)	35	Refer to the CDL for specific drugs where applicable.	75%
Benzodiazepines *	35	Daily quantity: 8 each (solid) or 240 ml (liquid). Refer to the CDL for additional limit(s) where applicable.	75%
Buprenorphine products indicated for pain	35	Refer to the CDL for specific drugs where applicable.	75%
Buprenorphine products indicated for Opioid Use Disorder	35	Sublingual dosage daily limit: 32 mg. Refer to the CDL for additional limit(s) where applicable.	75%
Opioid New Start ** (Absence of opioid therapy in the past 90 days prior to the current claim's DOS. Cough preparations containing opioids are excluded from the opioid drug lookback.)	7	Max Dispense quantity: 30 each (solid) or 240 mL (liquid).	90%
Opioid Chronic Therapy ** (Presence of opioid therapy in the member's history within the prior 90 days. Opioid therapy lookback includes long-acting, short-acting, and buprenorphine products. Cough preparations containing opioids are excluded from this lookback.)	35	500 MME	90%
* Limitations for benzodiazepine **do not** apply to special populations, except for the 75% refill threshold.			
** Limitations for opioids **do not** apply to special populations, except for the 90% refill threshold.			

Dispensing Limits for Insulin Products

For prandial insulins (which includes rapid-, short-, intermediate-acting, and mixed insulins) with concentrations of 100 units per milliliter, the maximum quantity per fill allowed is 75 ml, which allows for up to 7 vials (10 ml each) or 5 boxes totaling 25 pens or cartridges (3 ml each).

For basal/long-acting insulins with concentrations of 100 units per milliliter, the maximum quantity per fill allowed is 60 ml, which allows for up to 6 vials (10 ml each), or 4 boxes totaling 20 individual pens (3 ml each).

Due to differences in packaging, the maximum quantity per fill allowed for concentrated formulations is as follows:

- 200 units per milliliter – 36 ml which allows dispensing of up to 12 pens.
- 300 units per milliliter – 24 ml which allows dispensing of up to 8 pens (or up to 15 pens, depending on the specific packaging).
- 500 units per milliliter – 60 ml which allows dispensing of up to 3 vials (20 ml each) or 10 boxes, 20 pens (3 ml each).

Drugs Removed From the Contract Drugs Lists

The Department of Health Care Services (DHCS) will send out a 60-day notice prior to the removal of a drug from the CDL. After the 60 days, the medication will only be available through the PA process regardless of if a patient has been on the medication or not.

Utilization Management Types

Code	Description
AL	Age limit: age parameters must be met.
LR	Labeler restriction: claim must reflect indicated labeler code for claim to pay.
QL *	Quantity limit: claim will reject if defined quantity limits are exceeded.

* Quantity limits (QLs) allow a sufficient supply of medication based on FDA-approved or medically accepted maximum daily doses and length of therapy of a particular drug to ensure safe and effective medication use while reducing inappropriate/overuse. QLs may be administered as quantity over time or a maximum daily dose. Quantity over time is based on dosing guidelines over a rolling time period. Maximum daily dose (maximum quantity per day) is based on maximum number of units of the drug allowed per day. Refer to the specific manufacturer's prescribing information for additional details.

To ensure safe and effective medication use, covered products may have quantity limits not listed on the CDL that are reflective of sound clinical practices and FDA-approved dosing. Prescribing above a quantity limit will require PA approval.

In addition, some covered products listed on the CDL have a QL utilization management (UM) code listed in the UM Type column of the CDL table. A "QL" indicates that the medication has a Medi-Cal Rx specific quantity limit as a Code I restriction. Prescribing above a Code I "QL" quantity limit will require a PA approval.

Amyotrophic Lateral Sclerosis Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Amyotrophic Lateral Sclerosis Agent					
Edaravone *	Oral Suspension (including Starter Kits)	105 mg/5 ml	ml	LR	* Restricted to NDC labeler code 70510 only.
Riluzole	Tablets	50 mg	ea		

Anti-Alcoholism

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Alcoholism					
Acamprosate Calcium	Delayed-Release Tablets	333 mg	ea		
Disulfiram	Tablets	0.25 gm 0.5 gm	ea ea		

Anti-Gout

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Gout					
Allopurinol	Tablets	100 mg 300 mg	ea ea		
Colchicine	Tablets	0.6 mg	ea		
Probenecid	Tablets	500 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Gout					
Probenecid with Colchicine	Tablets		ea		

Anti-Infectives: Amebacide

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Amebacide					
Albendazole	Tablets	200 mg	ea		
Ivermectin	Tablets	3 mg	ea		
Mebendazole	Chewable Tablets	100 mg	ea		
Praziquantel	Tablets	600 mg	ea		
Pyrantel Pamoate	Liquid		ea		

Anti-Infectives: Antibiotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Amikacin Sulfate	Vial for Injection	500 mg/2 ml 1,000 mg/4 ml	ml ml		
Amoxicillin/Clavulanate Potassium	Chewable Tablets	125 mg 200 mg 250 mg 400 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
(continued)	Oral Tablets	250 mg 500 mg 875 mg 1 gm	ea ea ea ea		
	Solution or Suspension	125 mg/5ml 200 mg/5ml 250 mg/5ml 400 mg/5ml 600 mg/5ml	ml ml ml ml ml		
Amoxicillin Trihydrate	Solution or Suspension	125 mg/5 ml 200 mg/5 ml 250 mg/5 ml 400 mg/5 ml	ml ml ml ml		
	Pediatric Drops	50 mg/ml	ml		
	Capsules	250 mg 500 mg	ea ea		
	Chewable Tablets	125 mg 250 mg	ea ea		
	Tablets	500 mg 875 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Ampicillin	Powder for Injection	125 mg/vial 250 mg/vial 500 mg/vial 1 gm/vial 2 gm/vial 2.5 gm/vial 10 gm/vial 500 mg, piggyback 1 gm, piggyback 2 gm, piggyback	ea ea ea ea ea ea ea ea ea ea		
	Tablets or Capsules	250 mg 500 mg	ea ea		
	Solution or Suspension	125 mg/5ml 250 mg/5m	ml ml		
	Drops	100 mg/ml	ml		
Azithromycin	Tablets	250 mg 500 mg 600 mg	ea ea ea		
	Powder Packet	1 gm	ea		
	Suspension	100 mg/5 ml 200 mg/5 ml	ml ml		
	Ophthalmic Solution	1%	ml		
Aztreonam Lysine	Vials	75 mg/ml	ml		
Cefaclor	Capsules	250 mg 500 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Cefadroxil	Tablets	1 gm	ea		
	Capsules	500 mg	ea		
	Suspension	250 mg/5 ml 500 mg/5 ml	ml ml		
Cefazolin Sodium	Powder for Injection	250 mg/vial 500 mg/vial 1 gm/vial 5 gm/vial 10 gm/vial 20 gm/vial 500 mg, piggyback 1 gm, piggyback	ea ea ea ea ea ea ea ea		
	Injection	500 mg in 5% Dextrose and water (D5W) 1 gm in 5% Dextrose and water (D5W)	ml ml		
Cefdinir	Capsules	300 mg	ea		
	Liquid	125 mg/5 ml 250 mg/5 ml	ml ml		
Cefixime	Liquid	100 mg/5 ml	ml		
	Tablets or Capsules	400 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Cefpodoxime Proxetil	Tablet	100 mg 200 mg	ea ea		
	Suspension	50 mg/5 ml 100 mg/5 ml	ml ml		
Cefprozil	Tablets	250 mg 500 mg	ea ea		
	Suspension	125 mg/5 ml 250 mg/5 ml	ml ml		
Ceftazidime	Powder for Injection		ea		
	Injection		ml		
Ceftriaxone Sodium	Powder for Injection		ea		
	Injection		ml		
Cefuroxime Axetil	Tablets	250 mg 500 mg	ea ea		
Cephalexin	Capsules	250 mg 500 mg	ea ea		
	Solution or Suspension	125 mg/5 ml 250 mg/5ml	ml ml		
Chloramphenicol	Succinate for Injection	1 gm	ea		
	Capsules	250 mg	ea		
	Ophthalmic Ointment		gm		
	Ophthalmic Solution/ Drops	0.5%	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Chlorhexidine Gluconate	Mouthwash	0.12%	ml		
Ciprofloxacin	Oral Suspension	5% (250 mg/5 ml) 10% (500 mg/5 ml)	ml ml		
Ciprofloxacin HCL	Tablets	250 mg 500 mg 750 mg	ea ea ea		
Clarithromycin	Tablets	250 mg 500 mg	ea ea		
	Extended-Release Tablets	500 mg	ea		
	Liquid	125 mg/5 ml 250 mg/5 ml	ml ml		
Clindamycin Hydrochloride	Tablets or Capsules	75 mg 150 mg 300 mg	ea ea ea		
Clindamycin Palmitate HCL	Solution	75 mg/5 ml	ml		
Dicloxacillin Sodium	Capsules	250 mg 500 mg	ea ea		
	Suspension	62.5 mg/5 ml	ml		
Doxycycline Calcium	Syrup	50 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Doxycycline Hyclate	Tablets	20 mg 100 mg	ea ea		
	Capsules	50 mg 100 mg	ea ea		
Doxycycline Monohydrate	Capsules	50 mg 100 mg	ea ea		
	Tablets	50 mg 75 mg 100 mg	ea ea ea		
Erythromycin Base	Tablets	250 mg 500 mg	ea ea		
	Delayed-Release Tablets	250 mg 333 mg 500 mg	ea ea ea		
	Delayed-Release Capsules	250 mg	ea		
Erythromycin Ethylsuccinate	Tablets	400 mg	ea		
	Reconstituted Suspension	200 mg/5 ml 400 mg/5 ml	ml ml		
Erythromycin Stearate	Film Coated Tablets	250 mg 500 mg	ea ea		
Fosfomycin	Sachet	3 gm	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Gentamicin Sulfate	Injection	10 mg/ml, 2 ml 10 mg/ml, 6 ml 10 mg/ml, 8 ml 10 mg/ml, 10 ml 40 mg/ml, 2 ml 40 mg/ml, 20 ml 40 mg/ml, 50 ml	ml ml ml ml ml ml ml		
	Ophthalmic Solution/ Drops	0.3%, 5ml 0.3%, 15ml	ml ml		
Griseofulvin	Tablets or Capsules (Ultramicro size only)	125 mg 165 mg 250 mg 330 mg	ea ea ea ea		
	Suspension (Micro size only)	125 mg/5 ml	ml		
Levofloxacin	Tablets	250 mg 500 mg 750 mg	ea ea ea		
	Oral Solution	25 mg/ml 250 mg/10 ml	ml ml		
Linezolid	Tablets	600 mg	ea		
	Suspension	100 mg/5 ml	ml		
Metronidazole	Oral Tablets	250 mg 500 mg	ea ea		
	Injection	500 mg/100 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
(continued)	Powder for Injection	500 mg vial	ea		
	Gel with Applicator	0.75%	gm		
	Cream	0.75%	gm		
	Lotion	0.75%	ml		
Minocycline HCL	Tablets	50 mg 75 mg 100 mg	ea ea ea		
	Capsules	50 mg 75 mg 100 mg	ea ea ea		
Moxifloxacin HCL	Tablets	400 mg	ea		
	I.V.	400 mg/250 ml	ml		
Mupirocin	Refer to: Dermatological Preparations				
Nafcillin	Powder for Injection	500 mg/vial 1 gm/vial 2 gm/vial 10 gm/vial 1 gm, piggyback 2 gm, piggyback	ea ea ea ea ea ea		
Neomycin Sulfate	Tablets	0.5 gm	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
Ofloxacin	Tablets	200 mg 300 mg 400 mg	ea ea ea		
Penicillin G	Powder for Injection	1,000,000 units/vial 5,000,000 units/vial 10,000,000 units/vial 20,000,000 units/vial	ea		
Penicillin G Benzathine	Injection	300,000 U/ml, 10 ml 600,000 U/ml, 1 ml 600,000 U/ml, 2 ml 600,000 U/ml, 4 ml	ml		
	Powder for Injection	1.2 mm unit 2.4 mm unit	ea ea		
Penicillin G Procaine	Injection		ml		
Penicillin VK	Tablets	125 mg 250 mg 500 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
(continued)	Liquid	125mg/5ml,100ml 125mg/5ml,150ml 125mg/5ml,200ml 250mg/5ml,100ml 250mg/5ml,150ml 250mg/5ml,200ml	ml		
Piperacillin Sodium	Powder for Injection		ea		
Secnidazole *	Oral Granules	2 gm	ea	LR	* Restricted to NDC labeler code 69751 only.
Streptomycin	Injection	1 gm dry	ea		
Tetracycline	Injection	250 mg 500 mg	ea ea		
	Capsules	250 mg 500 mg	ea ea		
	Liquid	125 mg/5 ml	ml		
Tinidazole	Tablets	250 mg 500 mg	ea ea		
Tobramycin	Injection	10mg/ml, 2ml vial 10mg/ml, 6ml vial 10mg/ml, 8ml vial 40mg/ml, 2ml vial 40mg/ml, 30ml vial 40mg/ml, 1.5ml syringe 40mg/ml, 2ml syringe	ml ml ml ml ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Antibiotics					
(continued)	Powder for Injection	1.2 gm/vial	ea		
	Ampule	300 mg/5 ml	ml		
	Inhalation Powder *	28 mg/capsule	ea	LR	* Restricted to NDC labeler code 49502 only.
Vancomycin	Powder for Injection	500 mg vial 1 gm vial 5 gm vial 10 gm vial	ea ea ea ea		
	Capsules	125 mg 250 mg	ea ea		
	Oral Solution *	25 mg/ml 50 mg/ml	ml ml	AL	* Restricted to members that are 21 years of age and younger.

Anti-Infectives: Anti-Fungals

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Fungals					
Amphotericin B	Injection		ea		
Butoconazole Nitrate	Vaginal Cream (Prefilled Applicator)	2%	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Fungals					
Clotrimazole	Topical Cream	1%	gm		
	Topical Solution	1%	ml		
	Troches	10 mg	ea		
	Vaginal Cream	45 gm 90 gm	gm gm		
Econazole Nitrate	Topical Cream	1%	gm		
Fluconazole	Injection	2 mg/ml, 100 ml (saline) 2 mg/ml, 200 ml (saline) 2 mg/ml, 100 ml (dextrose) 2 mg/ml, 200 ml (dextrose)	ml ml ml ml		
	Tablets	50 mg 100 mg 150 mg 200 mg	ea ea ea ea		
	Suspension	10 mg/ml 40 mg/ml	ml ml		
Itraconazole	Capsules	100 mg	ea		
	Oral Solution	10 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Fungals					
Ketoconazole	Tablets	200 mg	ea		
	Topical Cream	2%	gm		
	Shampoo	2%	ml		
Nystatin	Oral Tablets	500,000 units	ea		
	Oral Suspension	100,000 units/ml	ml		
	Vaginal Tablets	15s 30s	ea ea		
	Cream	100,000 units/gm, 15 gm 100,000 units/gm, 30 gm 100,000 units/gm, 240 gm	gm gm gm		
	Ointment		gm		
	Topical Powder		gm		
Nystatin/Triamcinolone	Cream	100,000 units/gm – 0.1%	gm		
	Ointment	100,000 units/gm – 0.1%	gm		
Posaconazole	Suspension *	200 mg/5 ml	ml	AL	* Restricted to members that are 21 years of age and younger.
	Delayed-Release Tablets	100 mg	ea		
Terbinafine HCL	Tablets	250 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Fungals					
Voriconazole	Suspension *	40 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
	Tablets	50 mg 200 mg	ea ea		

Anti-Infectives: Anti-Malarials

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Malarials					
Chloroquine Phosphate	Tablets	250 mg 500 mg	ea ea		
Hydroxychloroquine Sulfate	Tablets	200 mg	ea		
Mefloquine HCL	Tablets	250 mg	ea		
Primaquine Phosphate	Tablets	26.3 mg	ea		
Pyrimethamine	Tablets	25 mg	ea		

Anti-Infectives: Anti-Protozoal

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Protozoal					
Atovaquone	Tablets	250 mg	ea		
	Oral Suspension	750 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Protozoal					
Atovaquone-Proguanil HCL	Tablets	62.5 mg-25 mg 250 mg-100 mg	ea ea		
Nitazoxanide	Suspension	100 mg/5 ml	ml		
Pentamidine Isethionate	Powder for Injection	300 mg/vial	ea		
	Powder for Aerosolized Administration	300 mg/vial	ea		

Anti-Infectives: Anti-Tuberculars

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Tuberculars					
Azithromycin	Refer to: Antibiotics				
Clarithromycin	Refer to: Antibiotics				
Cycloserine	Capsules	250 mg	ea		
Ethambutol HCL	Tablets	100 mg 400 mg	ea ea		
Ethionamide	Tablets	250 mg	ea		
Isoniazid	Injection	100 mg/ml 50 mg	ml ea		
	Tablets	100 mg 300 mg	ea ea		
	Liquid	50 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Tuberculars					
Pretomanid	Tablet	200 mg	ea		
Pyrazinamide	Tablets or Capsules	500 mg	ea		
Rifabutin	Capsules	150 mg	ea		
Rifampin	Capsules	150 mg 300 mg	ea ea		
	Vial	600 mg	ea		
Rifampin and Isoniazid	Capsules	300 mg/150 mg	ea		
Rifampin, Isoniazid and Pyrazinamide	Tablets	120 mg/50 mg/ 300 mg	ea		
Rifapentine	Tablets	150 mg	ea		

Anti-Infectives: Anti-Virals

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Abacavir Sulfate	Tablets	300 mg	ea		
	Liquid	20 mg/ml	ml		
Abacavir Sulfate and Lamivudine	Tablets	600 mg/300 mg	ea		
Abacavir Sulfate/ Dolutegravir/ Lamivudine *	Tablets	600 mg/50 mg/ 300 mg	ea	LR	* Restricted to NDC labeler code 49702 only.
	Tablets for Oral Suspension	60 mg/5 mg/ 30 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Abacavir Sulfate, Lamivudine and Zidovudine	Tablets	300 mg/150 mg/ 300 mg	ea		
Acyclovir	Capsules	200 mg	ea		
	Tablets	400 mg 800 mg	ea ea		
	Oral Suspension	200 mg/5 ml	ml		
	Ointment	5%	gm		
Amantadine HCL	Refer to: Anti-Parkinsonism		ml		
Atazanavir/Cobicistat *	Tablets	300 mg/150 mg	ea	LR	* Restricted to NDC labeler code 00003 only.
Atazanavir Sulfate	Capsules	100 mg 150 mg 200 mg 300 mg	ea ea ea ea		
	Oral Powder	50 mg/packet	ea		
Baloxavir Marboxil *	Tablets	40 mg 80 mg	ea ea	AL, LR	* Restricted to NDC labeler code 50242 and to use in members younger than 5 years of age requires a PA.
Bictegravir/Emtricitabine/ Tenofovir Alafenamide *	Tablets	30 mg/120 mg/ 15 mg 50 mg/200 mg/ 25 mg	ea ea	LR	* Restricted to NDC labeler code 61958 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Cabotegravir	Extended-Release Intramuscular Injection Kit	600 mg/3 ml	ml		
Cabotegravir/Rilpivirine *	Injection Kit	400 mg/600 mg 600 mg/900 mg	ea ea	LR	* Restricted to NDC labeler code 49702 only.
Cidofovir	Injection	75 mg/ml	ml		
Cobicistat *	Tablets	150 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
Darunavir	Tablets	75 mg * 150 mg * 600 mg 800 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 59676 only.
	Oral Suspension *	100 mg/ml	ml		
Darunavir/Cobicistat *	Tablets	675 mg/150 mg 800 mg/150 mg	ea ea	LR	* Restricted to NDC labeler code 59676 only.
Darunavir/Cobicistat/ Emtricitabine/Tenofovir Alafenamide *	Tablets	800 mg/150 mg/ 200 mg/10 mg	ea	LR	* Restricted to NDC labeler code 59676 only.
Dolutegravir	Tablets	10 mg 25 mg 50 mg *	ea ea ea	LR	* Restricted to NDC labeler code 49702 only.
	Tablets for Oral Suspension *	5 mg	ea		
Dolutegravir/Lamivudine *	Tablets	50 mg/300 mg	ea	LR	* Restricted to NDC labeler code 49702 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Dolutegravir/Rilpivirine *	Tablets	50 mg/25 mg	ea	LR	* Restricted to NDC labeler code 49702 only.
Doravirine *	Tablets	100 mg	ea	LR	* Restricted to NDC labeler code 00006 only.
Doravirine/Islatravir *	Tablets	100 mg/0.25 mg	ea	LR	* Restricted to NDC labeler code 00006 only.
Doravirine/Lamivudine/ Tenofovir Disoproxil Fumarate *	Tablets	100 mg/300 mg/ 300 mg	ea	LR	* Restricted to NDC labeler code 00006 only.
Efavirenz	Capsules	50 mg 200 mg	ea ea		
	Tablets	600 mg	ea		
Efavirenz, Emtricitabine and Tenofovir Disoproxil Fumarate	Tablets	600 mg/200 mg/ 300 mg	ea		
Efavirenz/Lamivudine/ Tenofovir Disoproxil Fumarate	Tablets	400 mg/300 mg/ 300 mg 600 mg/300 mg/ 300 mg *	ea ea	LR	* The 600 mg/300 mg/300 mg tablets are restricted to NDC labeler code 42385 only.
Elbasvir/Grazoprevir	Tablets	50 mg/100 mg	ea		
Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir Alafenamide *	Tablets	150 mg/150 mg/ 200 mg/10 mg	ea	LR	* Restricted to NDC labeler code 61958 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir Disoproxil Fumarate *	Tablets	150 mg/150 mg/ 200 mg/300 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
Emtricitabine *	Capsules	200 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
	Oral Solution	10 mg/ml	ml		
Emtricitabine/Rilpivirine/ Tenofovir Alafenamide *	Tablets	200 mg/25 mg/ 25 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
Emtricitabine/Rilpivirine/ Tenofovir Disoproxil Fumarate *	Tablets	200 mg/25 mg/ 300 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
Emtricitabine/Tenofovir Alafenamide *	Tablets	120 mg/15 mg 200 mg/25 mg	ea ea	LR	* Restricted to NDC labeler code 61958 only.
Emtricitabine/Tenofovir Disoproxil Fumarate	Tablets	100 mg/150 mg 133 mg/200 mg 167 mg/250 mg 200 mg/300 mg	ea ea ea ea		
Entecavir	Tablets	0.5 mg 1.0 mg	ea ea		
	Liquid	0.05 mg/ml	ml		
Etravirine *	Tablets	25 mg 100 mg 200 mg	ea ea ea	LR	* Restricted to NDC labeler code 59676 only.
Famciclovir	Tablets	125 mg 250 mg 500 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Fosamprenavir Calcium	Tablets	700 mg	ea		
	Oral Suspension	50 mg/ml	ml		
Foscarnet Sodium	Injection	24 mg/ml	ml		
Fostemsavir *	Extended-Release Tablets	600 mg	ea	LR	* Restricted to NDC labeler code 49702 only.
Ganciclovir Sodium	Powder for Injection	500 mg/vial	ea		
Glecaprevir/Pibrentasvir	Tablets (Dose-Pack) *	100 mg/40 mg	ea	LR	* Restricted to NDC labeler code 00074 only. **Note:** "ea" means each tablet.
	Pellet Packet *	50 mg/20 mg	ea	LR	* Restricted to NDC labeler code 00074 only.
Ibalizumab-Uiyk	Injection	200 mg/1.33 ml	ml		
Lamivudine	Oral Solution	10 mg/ml	ml		
	Tablets	100 mg 150 mg 300 mg	ea ea ea		
Lamivudine and Zidovudine	Tablets	150 mg/300 mg	ea		
Lamivudine/Tenofovir Disoproxil Fumarate *	Tablets	300 mg/300 mg	ea	LR	* Restricted to NDC labeler code 49502 only.
Ledipasvir/ Sofosbuvir	Pellet Packets	33.75 mg/150 mg 45 mg/200 mg	ea ea		
	Tablets	45 mg/200 mg 90 mg/400 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Lenacapavir Sodium *	Tablets	300 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
	Injection	463.5 mg/1.5 ml	ml		
Lopinavir and Ritonavir *	Oral Solution	400 mg-100 mg/ 5 ml	ml	LR	* Restricted to NDC labeler code 00074 only.
	Tablets	200 mg-50 mg 100 mg-25 mg	ea ea		
Maraviroc	Tablets	150 mg 300 mg	ea ea		
	Oral Solution *	20 mg/ml	ml	LR	* Oral Solution is restricted to NDC labeler code 49702 only.
Molnupiravir *	Capsules	200 mg	ea	QL	* Restricted to a maximum quantity of 40 capsules per dispensing.
Nelfinavir Mesylate	Tablets	250 mg 625 mg	ea ea		
	Oral Powder	50 mg/gm	gm		
Nevirapine	Tablets	200 mg	ea		
	Extended-Release Tablets	100 mg 400 mg	ea ea		
	Liquid	50 mg/5 ml	ml		
Nirmatrelvir/ Ritonavir *	Tablets	150 mg/100 mg	ea	QL	* Restricted to a maximum quantity of 30 tablets per dispensing.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Oseltamivir Phosphate	Capsules	30 mg 45 mg 75 mg	ea		
	Oral Suspension	6 mg/ml, 60ml	ml		
Peginterferon Alfa-2A	Package of four Syringes without Alcohol Pads *	180 mcg/0.5 ml	ml	QL	* The syringes are restricted to a maximum of 2 ml per dispensing for the 180 mcg/0.5 ml syringes, package of four, without alcohol pads.
	Injection	180 mcg/ml	ml		
Raltegravir *	Tablets	400 mg 600 mg	ea ea	LR	* Restricted to NDC labeler code 00006 only.
	Chewable Tablets	25 mg 100 mg	ea ea		
	Oral Suspension Packets	100 mg	ea		
Remdesivir	Single-Dose Vial	100 mg	ea		
	Vial	100 mg/20 ml	ml		
Ribavirin	Capsules	200 mg	ea		
	Tablets	200 mg	ea		
Rilpivirine HCL *	Tablets	25 mg	ea	LR	* Restricted to NDC labeler code 59676 only.
	Tablets for Oral Suspension	2.5 mg	ea		
Ritonavir *	Tablets	100 mg	ea	LR	* Restricted to NDC labeler code 00074 only.
	Oral Powder Packets	100 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Sofosbuvir *	Pellet Packets	150 mg 200 mg	ea ea		* Restricted to NDC labeler code 61958 only.
	Tablets	200 mg 400 mg	ea ea		
Sofosbuvir/Velpatasvir	Tablets	200 mg/50 mg 400 mg/100 mg	ea ea		
	Pellet Packets	150 mg/37.5 mg 200 mg/50 mg	ea ea		
Stavudine	Capsules	15 mg 20 mg 30 mg 40 mg	ea ea ea ea		
	Powder for Oral Solution	1 mg/ml	ml		
Tenofovir Alafenamide *	Tablets	25 mg	ea	LR	* Restricted to NDC labeler code 61958 only.
Tenofovir Disoproxil Fumarate *	Tablets	150 mg 200 mg 250 mg 300 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 61958 only (except for the 300 mg tablet).
	Oral Powder	40 mg/1 gm oral powder	gm		
Tipranavir *	Capsules	250 mg	ea	LR	* Restricted to NDC labeler code 00597 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Anti-Virals					
Valacyclovir HCL	Tablets	500 mg 1 gm	ea ea		
Valganciclovir HCL	Oral Solution	50 mg/ml	ml		
	Tablets	450 mg	ea		
Zanamivir	Powder for Inhalation	5 mg/inhalation	ea		**Note:** "ea" means one blister of drug.
Zidovudine	Tablets	300 mg	ea		
	Capsules *	100 mg	ea	LR	* Restricted to NDC labeler codes 00173 and 49702 for capsules and injection only.
	Syrup	50 mg/5 ml	ml		
	Injection *	10 mg/ml	ml		

Anti-Infectives: Irrigating Solutions

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Irrigating Solutions					
Acetic Acid	Irrigating Solution	0.25%	ml		
Neomycin Sulfate and Polymyxin B Sulfate	Ampule – G.U. Irrigant		ml		
Sodium Chloride Irrigating Solution	Solution	0.9%	ml		

Anti-Infectives: Polymyxin

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Polymyxin					
Colistimethate	Vial	150 mg	ea		

Anti-Infectives: Sulfonamides

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Sulfonamides					
Dapsone	Tablets	25 mg 100 mg	ea ea		
Sulfadiazine	Tablets	500 mg	ea		
Sulfasalazine	Tablets	0.5 gm	ea		
Trimethoprim and Sulfamethoxazole	Tablets	80/400 mg	ea		
	Double-Strength Tablets	160/800 mg	ea		
	Suspension	40/200 mg per 5 ml 800/160 mg per 20 ml	ml ml		
	Injection		ml		

Anti-Infectives: Trichomonacide

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Trichomonacide					
Metronidazole	Refer to: Antibiotics or Vaginal Preparations				

Anti-Infectives: Urinary Tract Anti-Infectives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Urinary Tract Anti-Infectives					
Methenamine Hippurate	Tablets	1 gm	ea		
Methenamine Mandelate	Tablets	0.5 gm 1.0 gm	ea ea		
	Liquid	500 mg/5 ml	ml		
Nitrofurantoin	Capsules (Macrocrystals only)	25 mg 50 mg 100 mg	ea ea ea		
	Capsules (Monohydrate/ Macrocrystals)	100 mg	ea		
	Tablets	50 mg 100 mg	ea ea		
	Liquid	5 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Infectives: Urinary Tract Anti-Infectives					
Trimethoprim	Tablets	100 mg 200 mg	ea ea		
	Solution	50 mg/5 ml	ml		
Trimethoprim and Sulfamethoxazole	Refer to: Anti-Infectives: Sulfonamides				

Anti-Lipidemic Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Lipidemic Agents					
Atorvastatin Calcium	Tablets	10 mg 20 mg 40 mg 80 mg	ea ea ea ea		
Cholestyramine/ Aspartame (Cholestyramine Light)	Powder	200-268 gm	gm		
Cholestyramine with Sugar (Cholestyramine Regular)	Powder	348-378 gm	gm		
Colesevelam HCL	Tablets	625 mg	ea		
	Oral Suspension	3.75 gm packet	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Lipidemic Agents					
Colestipol Hydrochloride	Granules (Bottle)	500 gm	gm		
	Granules, flavored (Bottle)	450 gm	gm		
	Tablets	1 gm	ea		
Evolocumab *	Single-Dose Prefilled Syringe	140 mg/ml	ml	LR, QL	* Restricted to 1) use in patients aged 10 years and older to reduce low-density lipoprotein cholesterol (LDL-C); and 2) maximum quantity of 2 prefilled syringes or 1 Kit (2 SureClick® prefilled autoinjectors) per dispensing and one dispensing every 28 days. Also restricted to NDC labeler code 72511 only.
	Single-Dose Prefilled SureClick Autoinjector	140 mg/ml	ml		
Ezetimibe	Tablets	10 mg	ea		
Ezetimibe/ Simvastatin	Tablets	10 mg/10 mg 10 mg/20 mg 10 mg/40 mg 10 mg/80 mg	ea		
Fenofibrate	Tablets	48 mg 54 mg 145 mg 160 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Lipidemic Agents					
Fenofibrate, Micronized	Capsules	43 mg 67 mg 130 mg 134 mg 200 mg	ea ea ea ea ea		
Fenofibric Acid Choline	Delayed-Release Capsules	45 mg 135 mg	ea ea		
Gemfibrozil	Tablets or Capsules	600 mg	ea		
Lovastatin	Tablets	10 mg 20 mg 40 mg	ea ea ea		
Niacin	Extended-Release Tablets (includes Film-Coated Tablets)	500 mg 750 mg 1000 mg	ea ea ea		
Omega-3 Acid Ethyl Esters	Capsules	1 gm	ea		
Pravastatin Sodium	Tablets	10 mg 20 mg 40 mg 80 mg	ea ea ea ea		
Rosuvastatin Calcium	Tablets	5 mg 10 mg 20 mg 40 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Lipidemic Agents					
Simvastatin	Tablets	5 mg 10 mg 20 mg 40 mg 80 mg	ea ea ea ea ea		

Anti-Neoplastics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Abemaciclib *	Tablets	50 mg 100 mg 150 mg 200 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00002 only.
Abiraterone Acetate	Tablets	125 mg * 250 mg	ea ea	LR	* For 125 mg tablets, restricted to NDC labeler code 47335 only.
	Film-Coated Tablets	500 mg	ea		
Acalabrutinib *	Tablets	100 mg	ea	LR	* Restricted to NDC labeler code 00310 only.
Adagrasib *	Tablets	200 mg	ea	LR	* Restricted to NDC labeler code 80739.
Ado-Trastuzumab Emtansine *	Vial	100 mg 160 mg	ea ea	LR	* Restricted to NDC labeler code 50242 only.
Afatinib *	Tablets	20 mg 30 mg 40 mg	ea ea ea	LR	* Restricted to NDC labeler code 00597 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Alectinib *	Capsules	150 mg	ea	LR	* Restricted to NDC labeler code 50242 only.
Alpelisib (Piqray) *	Tablets	50 mg 150 mg 200 mg	ea ea ea	LR	* Restricted to NDC labeler code 00078 only.
Altretamine	Capsules	50 mg	ea		
Amivantamab-vmjw *	Vial	350 mg/7 ml	ml	LR	* Restricted to NDC labeler code 57894 only.
Amivantamab and Hyaluronidase-lpuj *	Single-Dose Vial	1600 mg – 20000 units/10 ml 2240 mg – 28000 units/14 ml 2400 mg – 30000 units/15 ml 3520 mg – 44000 units/22 ml	ml ml ml ml	LR	* Restricted to NDC labeler code 57894 only.
Anastrozole	Tablets	1 mg	ea		
Apalutamide *	Tablets	60 mg 240 mg	ea ea	LR	* Restricted to NDC labeler code 59676 only.
Arsenic Trioxide	Injection	12 mg/6 ml	ml		
Asciminib Hydrochloride *	Film-Coated Tablets	20 mg 40 mg 100 mg	ea ea ea	LR	* Restricted to NDC labeler code 00078 only.
Atezolizumab *	Injection	1200 mg/20 ml 840 mg/14 ml	ml ml	LR	* Restricted to NDC labeler code 50242 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Atezolizumab Hyaluronidase-tqjs *	Injection	1875 mg – 30000 units/15 ml	ml	LR	* Restricted to NDC labeler code 50242 only.
Avapritinib *	Tablets	25 mg 50 mg 100 mg 200 mg 300 mg	ea ea ea ea ea	LR	* Restricted to NDC labeler code 72064 only.
Avelumab *	Injection	200 mg/10 ml	ml	LR	* Restricted to NDC labeler code 44087 only.
Avutometinib/Defactinib *	Capsules and Tablets	0.8 mg – 200 mg	ea	LR	* Restricted to NDC labeler code 71779 only.
Axitinib *	Tablets	1 mg 5 mg	ea ea	LR	* Restricted to NDC labeler code 00069 only.
Belantamab Mafodotin-blmf *	Lyophilized Powder for Injection	70 mg	ea	LR	* Restricted to NDC labeler code 00173 only.
Belzutifan *	Tablets	40 mg	ea	LR	* Restricted to NDC labeler code 00006 only.
Bendamustine HCL *	Powder for Injection	25 mg 100 mg	ea ea	LR	* Restricted to NDC labeler codes 63459, 71225, and 24338 only.
	Injection	100 mg/4 ml	ml		
Bevacizumab *	Vial	25 mg/ml	ml	LR	* Restricted to NDC labeler code 50242 only.
Bicalutamide	Tablets	50 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Binimetinib *	Tablets	15 mg	ea	LR	* Restricted to NDC labeler code 70255 only.
Bleomycin Sulfate	Injections	15 Units/Ampule	ea		
Bortezomib	Powder for Injection	3.5 mg/vial	ea		
Bosutinib *	Tablets	100 mg 400 mg 500 mg	ea ea ea	LR	* Restricted to NDC labeler code 00069 only.
	Capsules	50 mg 100 mg	ea ea		
Brentuximab Vedotin *	Powder for Injection	50 mg	ea	LR	* Restricted to NDC labeler code 51144 only.
Brigatinib *	Tablets	30 mg 90 mg 180 mg	ea ea ea	LR	* Restricted to NDC labeler code 63020 only. **Note:** "ea" means total number of tablets.
	Tablets (Starter Pack)	90 mg/180 mg (7x90 mg/bottle and 23x180 mg/ bottle)	ea		
Busulfan	Injection	6 mg/ml	ml		
Cabazitaxel *	Kit for Injection	60 mg/1.5 ml	ea	LR	* Restricted to NDC labeler code 00024 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Cabozantinib S-Malate *	Capsules	60 mg daily-dose carton (84x20 mg) 100mg daily-dose carton (28x80 mg and 28x20 mg) 140mg daily-dose carton (28x80 mg and 84x20 mg)	ea ea ea	LR	* Restricted to NDC labeler code 42388 only. **Note:** "ea" means each tablet or capsule.
	Tablets	20 mg 40 mg 60 mg	ea ea ea		
Capecitabine	Tablets	150 mg 500 mg	ea ea		
Capivasertib *	Tablets	160 mg 200 mg	ea ea	LR	* Restricted to NDC labeler code 00310 only.
Capmatinib *	Tablets	150 mg 200 mg	ea ea	LR	* Restricted to NDC labeler code 00078 only.
Carboplatin	Injection	10 mg/ml	ml		
	Powder for Injection	50 mg/vial 150 mg/vial 450 mg/vial	ea ea ea		
Carfilzomib *	Injection	10 mg 30 mg 60 mg	ea ea ea	LR	* Restricted to NDC labeler code 76075 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Carmustine	Powder for Injection	50 mg/vial 100 mg/vial 300 mg/vial	ea ea ea		
Cemiplimab-Rwlc *	Injection	350 mg/7 ml	ml	LR	* Restricted to NDC labeler code 61755 only.
Cetuximab	Injection	100 mg/50 ml 200 mg/100 ml	ml ml		
Cisplatin	Powder for Injection	10 mg/vial 50 mg/vial	ea ea		
	Injection	1.0 mg/ml	ml		
Cladribine	Injection	1 mg/ml	ml		
Cobimetinib *	Tablets	20 mg	ea	LR	* Restricted to NDC labeler code 50242 only.
Cosibelimab-ipdl *	Injection	300 mg/5 ml	ml	LR	* Restricted to NDC labeler code 70095 only.
Crizotinib *	Capsules	200 mg 250 mg	ea ea	LR	* Restricted to NDC labeler code 00069 only.
	Pellets in Capsules	20 mg 50 mg 150 mg	ea ea ea		
Cyclophosphamide	Solution for Injection	200 mg/ml vial	ml		
	Tablets/Capsules	25 mg 50 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
(continued)	Powder for Injection	500 mg/vial 1000 mg/vial 2000 mg/vial	ea ea ea		
	Vials *	500 mg/ml 1 g/2 ml 2 g/4 ml	ml ml ml	LR	* Restricted to NDC labeler code 83831 only.
Cytarabine	Powder for Injection	20 mg/ml vial 100 mg/5 ml vial 2 gm/20 ml vial	ml ml ml		
Dacarbazine	Powder for Injection	100 mg/vial 200 mg/vial 500 mg/vial	ea ea ea		
Dacomitinib *	Tablets	15 mg 30 mg 45 mg	ea ea ea	LR	* Restricted to NDC labeler code 00069 only.
Daratumumab *	Injection	100 mg/5 ml 400 mg/20 ml	ml ml	LR	* Restricted to NDC labeler code 57894 only.
Daratumumab and Hyaluronidase-Fihj *	Injection	1800 mg/30,000 units/15 ml	ml	LR	* Restricted to NDC labeler code 57894 only.
Darolutamide *	Tablets	300 mg	ea	LR	* Restricted to NDC labeler code 50419 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Dasatinib *	Tablets	20 mg 50 mg 70 mg 80 mg 100 mg 140 mg	ea ea ea ea ea ea	LR	* Restricted to NDC labeler code 00003 only.
Datopotamab Deruxtecan-dlnk *	Lyophilized Powder for Injection	100 mg	ea	LR	* Restricted to NDC labeler code 65597 only.
Daunorubicin Citrate Liposome	Injection		ml		
Daunorubicin HCL	Injection		ml		
	Powder for Injection		ea		
Decitabine	Injection	50 mg/vial	ea		
Degarelix *	Powder for Injection	80 mg/vial/kit 120 mg/vial/kit	ea ea	LR	* Restricted to NDC labeler code 55566 only.
Denileukin Diftitox-cxdl *	Vial	300 mcg	ea	LR	* Restricted to NDC labeler code 52658 only.
Docetaxel	Concentrate for Injection	20 mg/ml 80 mg/4 ml	ml ml		
	Solution for Injection	20 mg/2 ml 80 mg/8 ml 160 mg/16 ml	ml ml ml		
Dostarlimab-gxly *	Injection	500 mg/10 ml	ml	LR	* Restricted to NDC labeler code 00173 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Doxorubicin HCL	Injection		ml		
	Powder for Injection		ea		
Doxorubicin HCL Liposome	Injection	20 mg/10 ml 50 mg/25 ml	ml ml		
Durvalumab *	Injection	500 mg/10 ml 120 mg/2.4 ml	ml ml	LR	* Restricted to NDC labeler code 00310 only.
Duvelisib *	Capsules	15 mg 25 mg	ea ea	LR	* Restricted to NDC labeler code 73116 only.
Elotuzumab *	Powder for Injection	300 mg 400 mg	ea	LR	* Restricted to NDC labeler code 00003 only.
Elranatamab-bcmm *	Injection	44 mg/1.1 ml 76 mg/1.9 ml	ml ml	LR	* Restricted to NDC labeler code 00069 only.
Encorafenib *	Capsules	75 mg	ea	LR	* Restricted to NDC labeler code 70255 only.
Enfortumab Vedotin-ejfv *	Powder for Injection	20 mg 30 mg	ea ea	LR	* Restricted to NDC labeler code 51144 only.
Ensartinib HCL *	Capsules	25 mg 100 mg	ea ea	LR	* Restricted to NDC labeler code 83076 only.
Entrectinib *	Capsules	100 mg 200 mg	ea ea	LR	* Restricted to NDC labeler code 50242 only.
	Oral Pellets	50 mg	ea		
Enzalutamide *	Capsules	40 mg	ea	LR	* Restricted to NDC labeler code 00469 only.
	Tablets	40 mg 80 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Epcoritamab-bysp *	Injection	4 mg/0.8 ml 48 mg/0.8 ml	ml ml	LR	* Restricted to NDC labeler code 82705 only.
Epirubicin HCL	Injection	2 mg/ml	ml		
Erdafitinib *	Tablets	3 mg 4 mg 5 mg	ea	LR	* Restricted to NDC labeler code 59676 only.
Eribulin Mesylate	Injection	0.5 mg/ml	ml		
Erlotinib	Tablets	25 mg 100 mg 150 mg	ea ea ea		
Estradiol	Refer to: Estrogens and Combinations				
Estramustine Phosphate	Capsules	140 mg	ea		
Etoposide	Injection		ml		
	Capsules		ea		
Etoposide Phosphate	Powder for Injection		ea		
Everolimus	Tablets	2.5 mg 5 mg 7.5 mg 10 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00078 for the tablets for oral suspension only.
	Tablets for Oral Suspension *	2 mg 3 mg 5 mg	ea ea ea		
Exemestane	Tablets	25 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Fam-Trastuzumab Deruxtecan-Nxki *	Powder for Injection	100 mg	ea	LR	* Restricted to NDC labeler code 65597 only.
Floxuridine	Powder for Injection	500 mg/vial			
Fludarabine Phosphate	Powder for Injection	50 mg/vial	ea		
	Tablets	10 mg	ea		
Fluorouracil	Injection	50 mg/ml, 10 ml 50 mg/ml, 20 ml 50 mg/ml, 50 ml 50 mg/ml, 100 ml	ml ml ml ml		
	Topical Solution	1% 2% 5%	ml ml ml		
	Cream	1% 5%	gm gm		
Flutamide	Capsules	125 mg	ea		
Fulvestrant	Injection	250 mg/5 ml	ml		
Gefitinib *	Tablets	250 mg	ea	LR	* Restricted to NDC labeler code 00310 only.
Gemcitabine HCL	Intravesical System *	225 mg	ea	LR	* Restricted to NDC labeler code 57894 only.
	Multi-Dose Vials *	1 g/26.3 ml 2 g/52.6 ml	ml ml	LR	* Restricted to NDC labeler code 83831 only.
	Powder for Injection	200 mg/vial 1 gm/vial	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Gilteritinib *	Tablets	40 mg	ea	LR	* Restricted to NDC labeler code 00469 only.
Glasdegib *	Tablets	25 mg 100 mg	ea ea	LR	* Restricted to NDC labeler code 00069 only.
Glofitamab-gxbm *	Injection	2.5 mg/2.5 ml	ml	LR	* Restricted to NDC labeler code 50242 only.
	Single-Dose Vials	10 mg/10 ml	ml		
Hydroxyurea	Capsules	200 mg 300 mg 400 mg 500 mg	ea ea ea ea		
	Tablets *	100 mg 1000 mg	ea ea	AL, LR	* Restricted to patients 2-17 years of age with sickle cell anemia for the tablets only. Also restricted to NDC labeler code 71770 only for tablets.
Idelalisib *	Tablets	100 mg 150 mg	ea ea	LR	* Restricted to NDC labeler code 61958 only.
Ifosfamide	Powder for Injection	1 gm/vial 3 gm/vial	ea		
Ifosfamide with Mesna	Combo Pack Injection		each pack-age		
Imatinib Mesylate	Tablets	100 mg 400 mg	ea ea		
	Oral Solution *	80 mg/ml	ml	LR	* Restricted to NDC labeler code 81927 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Imiquimod	Cream Pack	5%	ea		
Imlunestrant *	Tablets	200 mg	ea	LR	* Restricted to NDC labeler code 00002 only.
Inavolisib *	Tablets	3 mg 9 mg	ea ea	LR	* Restricted to NDC labeler code 50242 only.
Inotuzumab Ozogamcin *	Injection	0.9 mg/vial	ea	LR	* Restricted to NDC labeler code 00008 only.
Interferon Alfa-2a	Injection		ml		
	Prefilled Syringe for Injection		ea		
	Powder for Injection		ea		
Ipilimumab *	Injection	50 mg/10 ml 200 mg/40 ml	ml ml	LR	* Restricted to NDC labeler code 00003 only.
Irinotecan HCL	Injection		ml		
Irinotecan Liposome *	Injection	43 mg/10 ml	ml	LR	* Restricted to NDC labeler code 15054 only.
Isatuximab-Irfc *	Injection	100 mg/5 ml 500 mg/25 ml	ml ml	LR	* Restricted to NDC labeler code 00024 only.
Ixabepilone	Injection Kit	15 mg 45 mg	ea ea		
Lanreotide Acetate *	Injection	60 mg/0.2 ml 90 mg/0.3 ml 120 mg/0.5 ml	ml ml ml	LR	* Restricted to NDC labeler code 15054 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Larotrectinib *	Capsules	25 mg 100 mg	ea ea	LR	* Restricted to NDC labeler codes 71777 and 50419 only.
	Oral Solution	20 mg/ml	ml		
Lazertinib *	Tablets	80 mg 240 mg	ea ea	LR	* Restricted to NDC labeler code 57894 only.
Lenvatinib *	Capsules	4 mg/day 8 mg/day 10 mg/day 12 mg/day 14 mg/day 18 mg/day 20 mg/day 24 mg/day	ea ea ea ea ea ea ea ea	LR	* Restricted to NDC labeler code 62856 only. **Note:** "ea" means each capsule
Letrozole	Tablets	2.5 mg	ea		
Leuprolide Acetate *	Prefilled Dual Chamber Syringe for Injection	7.5 mg 22.5 mg 30 mg 45 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00074 only.
	Syringe Kit (Eligard®)	7.5 mg 22.5 mg 30 mg 45 mg	ea ea ea ea		* Restricted to NDC labeler code 62935 only.
	Vial	22.5 mg	ea		* Restricted to NDC labeler code 83831 only.
Leuprolide Mesylate *	Syringe	42 mg	ea	LR	* Restricted to NDC labeler code 69448 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Linvoseltamab-gcpt *	Injection	5 mg/2.5 ml 200 mg/10 ml	ml ml	LR	* Restricted to NDC labeler code 61755 only.
Loncastuximab Tesirine-LPYL *	Injection	10 mg	ea	LR	* Restricted to NDC labeler code 79952 only.
Lorlatinib *	Tablets	25 mg 100 mg	ea ea	LR	* Restricted to NDC labeler code 00069 only.
Mechlorethamine HCL	Topical Gel	0.016%	gm		
Medroxyprogesterone Acetate	Refer to: Progestins and Combinations				
Megestrol Acetate	Tablets	20 mg 40 mg	ea ea		
	Suspension	40 mg/ml	ml		
Melphalan	Tablets	2 mg	ea		
Mercaptopurine	Tablets	50 mg	ea		
	Suspension	20 mg/ml	ml		
Methotrexate	Injection	2.5 mg/ml, 2 ml 25 mg/ml, 2 ml 2.5mg/ml, 4 ml 25 mg/ml, 8 ml 25 mg/ml, 10 ml	ml ml ml ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
(continued)	Tablets	2.5 mg 5 mg * 7.5 mg * 10 mg * 15 mg *	ea ea ea ea ea	LR	* The 5 mg, 7.5 mg, 10 mg, and 15 mg tablets are restricted to claims submitted with a date of service on or after July 1, 2016, and to NDC labeler code 51285 only.
	Oral Solution	2 mg/ml * 2.5 mg/ml *	ml ml	LR	* The 2 mg/ml oral solution is restricted to NDC labeler code 81927 only. * The 2.5 mg/ml oral solution is restricted to NDC labeler code 52652 only.
	Powder for Injection	20 mg/vial 50 mg/vial 100 mg/vial 250 mg/vial	ea ea ea ea		
	Single-Dose Autoinjector *	7.5 mg/0.15 ml 10 mg/0.2 ml 12.5 mg/0.25 ml 15 mg/0.3 ml 17.5 mg/0.35 ml 20 mg/0.4 ml 22.5 mg/0.45 ml 25 mg/0.5 ml 30 mg/0.6 ml	ml ml ml ml ml ml ml ml ml	LR	* Restricted to NDC labeler code 59137 for single-dose autoinjector only.
Midostaurin *	Capsules	25 mg	ea	LR	* Restricted to NDC labeler code 00078 only. **Note:** "ea" means number of capsules per carton of either 56 or 112.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Mirvetuximab soravtansine-gynx *	Injection	100 mg/20 ml	ml	LR	* Restricted to NDC labeler code 72903 only.
Mitomycin	Powder for Injection	5 mg/vial 20 mg/vial 40 mg/vial	ea ea ea		
	Single-Dose Vial/Kit *	(40 mg x 2)	ea	LR	* Restricted to NDC labeler code 72493 only.
Mitotane *	Tablets	500 mg	ea	LR	* Restricted to NDC labeler code 76336 only.
Mitoxantrone	Injection	2 mg/ml, 10 ml 2 mg/ml, 12.5 ml 2 mg/ml, 15 ml	ml ml ml		
Momelotinib *	Tablets	100 mg 150 mg 200 mg	ea ea ea	LR	* Restricted to NDC labeler code 81864 only.
Mosunetuzumab-axgb *	Single-Dose Vial	1 mg/ml 5 mg/0.5 ml 30 mg/30 ml 45 mg/ml	ml ml ml ml	LR	* Restricted to NDC labeler code 50242 only.
Nelarabine *	Injection	5 mg/ml	ml	LR	* Restricted to NDC labeler codes 00078 and 66758 only.
Nilotinib HCL *	Capsules	50 mg 150 mg 200 mg	ea ea ea	LR	* Restricted to NDC labeler code 00078 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Nilotinib Tartrate *	Tablets	71 mg 95 mg	ea ea	LR	* Restricted to NDC labeler code 24338 only.
Nilutamide	Tablets	150 mg	ea		
Niraparib	Tablets *	100 mg 200 mg 300 mg	ea ea ea	LR	* Tablets restricted to NDC labeler code 00173 only.
Niraparib and Abiraterone Acetate *	Tablets	50 mg/500 mg 100 mg/500 mg	ea ea	LR	* Restricted to NDC labeler code 57894.
Nivolumab *	Injection	40 mg/4 ml 100 mg/10 ml 240 mg/24 ml	ml ml ml	LR	* Restricted to NDC labeler code 00003 only.
	Vial	120 mg/12 ml	ml		
Nivolumab and Hyaluronidase-nvhy *	Subcutaneous Injection	300 mg-5,000 units/2.5 ml 600 mg-10,000 units/5 ml	ml ml	LR	* Restricted to NDC labeler code 00003 only.
Nivolumab, Relatlimab *	Vial	240 mg-80 mg/ 20 ml	ml	LR	* Restricted to NDC labeler code 00003 only.
Obinutuzumab *	Injection	25 mg/ml	ml	LR	* Restricted to NDC labeler code 50242 only.
Olaparib *	Tablets	100 mg 150 mg	ea ea	LR	* Restricted to NDC labeler code 00310 only.
Olutasidenib *	Capsules	150 mg	ea	LR	* Restricted to NDC labeler code 71332 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Osimertinib *	Tablets	40 mg 80 mg	ea	LR	* Restricted to NDC labeler code 00310 only.
Oxaliplatin	Injection	5 mg/ml	ml		
Paclitaxel, Semi-Synthetic	Injection		ml		
Palbociclib *	Capsules and Tablets	75 mg 100 mg 125 mg	ea	LR	* Restricted to NDC labeler code 00069 only.
Panitumumab *	Injection	100 mg/5 ml 400 mg/20 ml	ml ml	LR	* Restricted to NDC labeler code 55513 only.
Pembrolizumab *	Solution for Injection	100 mg/4 ml	ml	LR	* Restricted to NDC labeler code 00006 only.
Pembrolizumab and Berahyaluronidase alfa-pmph *	Subcutaneous Injection	395 mg-4,800 units/2.4 ml 790 mg-9,600 units/4.8 ml	ml ml	LR	* Restricted to NDC labeler code 00006 only.
Pemetrexed Dipotassium *	Vial	100 mg 500 mg	ea ea	LR	* Restricted to NDC labeler code 83831 only.
Pemetrexed Disodium	Powder for Injection	100 mg/vial 500 mg/vial	ea ea		
Pentostatin	Powder for Injection	10 mg/vial	ea		
Pertuzumab *	Injection	420 mg/14 ml	ml	LR	* Restricted to NDC labeler code 50242 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Pertuzumab, Trastuzumab, and Hyaluronidase-Zzxf *	Subcutaneous Injection	600 mg/600 mg/ 20,000 units/10ml 1200 mg/600 mg/ 30,000 units/15ml	ml ml	LR	* Restricted to NDC labeler code 50242 only.
Pexidartinib *	Capsules	125 mg	ea	LR	* Restricted to NDC labeler code 65597 only.
Pirtobrutinib *	Tablets	50 mg 100 mg	ea ea	LR	* Restricted to NDC labeler code 00002 only.
Polatuzumab Vedotin-Piiq *	Injection	30 mg 140 mg	ea ea	LR	* Restricted to NDC labeler code 50242 only.
Ponatinib *	Tablets	10 mg 15 mg 30 mg 45 mg	ea	LR	* Restricted to NDC labeler code 63020 only.
Pralsetinib *	Capsules	100 mg	ea	LR	* Restricted to NDC labeler codes 50242 and 71332 only.
Procarbazine HCL	Capsules	50 mg	ea		
Quizartinib *	Tablets	17.7 mg 26.5 mg	ea ea	LR	* Restricted to NDC labeler code 65597 only.
Ramucirumab *	Injection	100 mg/10 ml 500 mg/50 ml	ml ml	LR	* Restricted to NDC labeler code 00002 only.
Regorafenib *	Tablets	40 mg	ea	LR	* Restricted to NDC labeler code 50419 only.
Relugolix	Tablets	120 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Repotrectinib *	Capsules	40 mg 160 mg	ea ea	LR	* Restricted to NDC labeler code 00003 only.
Revumenib *	Tablets	25 mg 110 mg 160 mg	ea ea ea	LR	* Restricted to NDC labeler code 73555 only.
Ribociclib *	Tablets	600 mg daily dose (3 x 21 tablet blister packs) 400 mg daily dose (3 x 14 tablet blister packs) 200 mg daily dose (1 x 21 tablet blister packs)	ea ea ea	LR	* Restricted to NDC labeler code 00078 only. **Note:** "ea" means number of tablets per box of either 63, 42, or 21.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Ribociclib and Letrozole *	Tablets	600 mg daily dose (3 x 21 tablet blister packs) and 2.5 mg (bottle of 28 tablets) 400 mg daily dose (3 x 14 tablet blister packs) and 2.5 mg (bottle of 28 tablets 200 mg daily dose (1 x 21 tablet blister packs) and 2.5 mg (bottle of 28 tablets	ea ea ea	LR	* Restricted to NDC labeler code 00078 only. **Note:** "ea" means total number of tablets carton of either 91, 70, or 49.
Ripretinib *	Tablets	50 mg	ea	LR	* Restricted to NDC labeler code 73207 only.
Rituximab *	Injection	10 mg/ml	ml	LR	* Restricted to NDC labeler code 50242 only.
Rituximab-ABBS *	Injection	100 mg/10 ml 500 mg/50 ml	ml ml	LR	* Restricted to NDC labeler code 63459 only.
Rituximab and Hyaluronidase Human *	Injection	1400 mg/23400 units/11.7 ml 1600 mg/26800 units/13.4 ml	ml ml	LR	* Restricted to NDC labeler code 50242 only.
Sacituzumab Govitecan-hziy *	Vial	180 mg	ea	LR	* Restricted to NDC labeler code 55135 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Selpercatinib *	Capsules	40 mg 80 mg	ea ea	LR	* Restricted to NDC labeler code 00002 only.
	Tablets	40 mg 80 mg 120 mg 160 mg	ea ea ea ea		
Sevabertinib *	Tablets	10 mg	ea	LR	* Restricted to NDC labeler code 50419 only.
Sirolimus protein-bound *	Vial	100 mg	ea	LR	* Restricted to NDC labeler code 80803 only.
Sonidegib *	Capsules	200 mg	ea	LR	* Restricted to NDC labeler codes 00078 and 47335 only.
Sorafenib	Tablets	200 mg	ea		
Sotorasib *	Tablets	120 mg 240 mg 320 mg	ea ea ea	LR	* Restricted to NDC labeler code 55513 only
Streptozocin	Powder for Injection	1 gm/vial	ea		
Sunitinib Malate *	Capsules	12.5 mg 25 mg 37.5 mg 50 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00069 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Talazoparib *	Capsules	0.1 mg 0.25 mg 0.35 mg 0.5 mg 0.75 mg 1 mg	ea ea ea ea ea ea	LR	* Restricted to NDC labeler code 00069 only.
Taletrectinib *	Capsules	200 mg	ea	LR	* Restricted to NDC labeler code 84651 only.
Talimogene Laherparepvec *	Injection	10^6 (1 million) PFU/ml 10^8 (100 million) PFU/ml	ea ea	LR	* Restricted to NDC labeler code 55513 only.
Talquetamab-tgvs *	Single-Dose Vial	3 mg/1.5 ml 40 mg/ml	ml ml	LR	* Restricted to NDC labeler code 57894 only.
Tamoxifen Citrate	Tablets	10 mg 20 mg	ea ea		
Tarlatamab-dlle *	Lyophilized Powder for Injection	1 mg 10 mg	ea ea	LR	* Restricted to NDC labeler code 55513 only.
Teclistamab-cqyv *	Injection	30 mg/3 ml 153 mg/1.7 ml	ml ml	LR	* Restricted to NDC labeler code 57894 only.
Telisotuzumab Vedotin-tllv *	Lyophilized Powder for Injection	20 mg/vial 100 mg/vial	ea ea	LR	* Restricted to NDC labeler code 00074 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Temozolomide	Capsules	5 mg 20 mg 100 mg 140 mg 180 mg 250 mg	ea ea ea ea ea ea		
	Powder for Injection	100 mg/vial	ea		
Temsirolimus *	Injection Kit	25 mg/ml	ml	LR	* Restricted to NDC labeler code 00008 only.
Teniposide	Injection		ml		
Tepotinib *	Tablets	225 mg	ea	LR	* Restricted to NDC labeler code 44087 only.
Testosterone *	Injection in Aqueous Suspension	25 mg/ml 50 mg/ml 100 mg/ml	ml ml ml		* Restricted to the treatment of gender affirming care, primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty, or metastatic mammary cancer. Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Injection in Oil	25 mg/ml 50 mg/ml 100 mg/ml 200 mg/ml, 1 ml/vial 200 mg/ml, 10 ml/vial	ml ml ml ml ml		
Thiotepa	Injection	15 mg 15 mg/1.5 ml * 100 mg/10 ml *	ea ea ea	LR	* Restricted to NDC labeler code 81927 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Tislelizumab-jsgr *	Injection	100 mg/10 ml	ml	LR	* Restricted to NDC labeler code 72579 only.
Tisotumab Vedotin-tftv *	Powder for Injection	40 mg	ea	LR	* Restricted to NDC labeler code 51144 only.
Tivozanib *	Capsules	0.89 mg 1.34 mg	ea ea	LR	* Restricted to NDC labeler code 45629 only.
Topotecan HCL	Capsules *	0.25 mg 1 mg	ea ea	LR	* Restricted to NDC labeler codes 00078 and 66758 only.
	Powder for Injection	4 mg/vial	ea		
Toripalimab-tpzi *	Injection	240 mg/6 ml	ml	LR	* Restricted to NDC labeler code 70114 only.
Trabectedin *	Vial	1 mg	ea	LR	* Restricted to NDC labeler code 59676 only.
Trastuzumab *	Powder for Injection	150 mg	ea	LR	* Restricted to NDC labeler code 50242 only.
Trastuzumab-pkrb *	Injection	150 mg 420 mg	ea ea	LR	* Restricted to NDC labeler code 63459 only.
Trastuzumab and Hyaluronidase-oysk *	Injection	600 mg/ 10,000 units	ml	LR	* Restricted to NDC labeler code 50242 only.
Trastuzumab-dttb *	Injection	150 mg 420 mg	ea ea	LR	* Restricted to NDC labeler codes 00006 and 78206 only.
Tremelimumab-actl *	Injection	25 mg/1.25 ml 300 mg/15 ml	ml ml	LR	* Restricted to NDC labeler code 00310 only.
Tretinoin	Capsules		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Triptorelin Pamoate *	Powder for Injection	3.75 mg/vial 11.25 mg/vial 22.5 mg/vial	ea ea ea	LR	* Restricted to NDC labeler code 74676 for the powder for injection only.
	Kit	22.5 mg	ea		* Restricted to NDC labeler code 24338 for the kit only. **Note:** All Triptorelin Pamoate dosage forms should be billed in units of "ea" and package quantities of "1."
Tucatinib *	Tablets	50 mg 150 mg	ea ea	LR	* Restricted to NDC labeler code 51144 only.
Vandetanib *	Tablets	100 mg 300 mg	ea ea	LR	* Restricted to NDC labeler codes 00310 and 58468 only.
Vemurafenib *	Film-Coated Tablets	240 mg	ml	LR	* Restricted to NDC labeler code 50242 only.
Venetoclax *	Tablets	10 mg 50 mg 100 mg	ea ea ea	LR	* Restricted to NDC labeler code 00074 only
	Starting Pack Tablets (42 Tablets/Pack)	14 x 10 mg 7 x 50 mg 21 x 100 mg	ea ea ea		
Vinblastine Sulfate	Injection	1 mg/ml, 10 ml	ml		
	Powder for Injection	10 mg/vial	ea		
Vincristine Sulfate	Injection	1 mg/1 ml 2 mg/2 ml	ml ml		
Vinorelbine Tartrate	Vial		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Neoplastics					
Vismodegib *	Capsules	150 mg	ea	LR	* Restricted to NDC labeler code 50242 only.
Vorinostat *	Capsules	100 mg	ea	LR	* Restricted to NDC labeler code 00006 only.
Zanubrutinib *	Capsules	80 mg	ea	LR	* Restricted to NDC labeler code 72579 only.
	Tablets	160 mg	ea		
Ziv-Aflibercept *	Injection	100 mg/4 ml 200 mg/8 ml	ml ml	LR	* Restricted to NDC labeler code 00024 only.
Zolbetuximab-clzb *	Vial	100 mg 300 mg	ea ea	LR	* Restricted to NDC labeler code 00469 only.
Zongertinib *	Tablets	60 mg	ea	LR	* Restricted to NDC labeler code 00597 only.

Anti-Platelet Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Anti-Platelet Agents					
Aspirin/Extended-Release Dipyridamole	Capsules	25 mg/200 mg	ea		

Autonomic Drugs: Anti-Asthmatics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Albuterol Sulfate	Tablets or Capsules	2 mg 4 mg	ea ea		
	Long-Acting Tablets	4 mg 8 mg	ea ea		
	Inhaler (Powdered Aerosol)	90 mcg	ea		
	Inhaler (without Chlorofluorocarbons as the Propellant)	6.7 gm 8.5 gm 18 gm	gm gm gm		
	Solution for Inhalation	0.5%, 20 ml 2.5 mg/0.5 ml	ml ml		
	Premixed Solution for Inhalation	0.083% 1.25 mg/3 ml 0.63 mg/3 ml	ml ml ml		
	Syrup	2 mg/5 ml	ml		
	Capsules for Inhalation with Inhalation Device	Package containing 96 or 100 Capsules and one inhalation device	each capsule		
	Capsules only for Inhalation		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Aminophylline	Injection	250 mg 500 mg	ml ml		
	Suppository	0.25 gm 0.5 gm	ea ea		
	Tablets	100 mg 200 mg	ea ea		
	Liquid	105 mg/5 ml	ml		
Beclomethasone Dipropionate *	Inhalation Aerosol	40 mcg/actuation, 10.6 gm 80 mcg/actuation, 10.6 gm	gm gm	LR	* Restricted to NDC labeler code 59310 only.
Budesonide	Suspension for Inhalation	0.25 mg/2 ml ampule 0.5 mg/2 ml ampule 1.0 mg/2 ml ampule	ml ml ml		
Budesonide/ Formoterol Fumarate Dihydrate *	Inhalation Aerosol	80 mcg/4.5 mcg 10.2 gm 160 mcg/4.5 mcg 10.2 gm	gm gm	LR	* Restricted to NDC labeler code 00186 only.
Ciclesonide	Spray Pump	50 mcg	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Cromolyn Sodium	Capsules	20 mg	ea		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
	Inhaler	8.1 gm 14.2 gm	gm gm		
	Inhaler Device for Capsules		ea		
	Nebulizer Solution	2 ml	ml		
	Oral Concentrate	20 mg/ml	ml		
Epinephrine	Auto-Injector	0.15 mg/0.3 ml 0.3 mg/0.3 ml	ml ml		
	Injection	1:1000, 1 ml 1:1000, 30 ml	ml ml		
Fluticasone Furoate *	Blisters for Inhalation with Inhalation Device	50 mcg 100 mcg 200 mcg	ea ea ea		* Restricted to NDC labeler code 00173 only.
Fluticasone Propionate	Oral Inhaler without Chlorofluoro-Carbons as the Propellant	44 mcg/actuation, 10.6 gm 110mcg/actuation 12 gm 220mcg/actuation 12 gm	gm gm gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
(continued)	Oral Powder for Inhalation	50 mcg per inhalation, 60 100 mcg per inhalation, 60 250 mcg per inhalation, 60	ea ea ea		**Note:** "ea" means one blister of drug.
Fluticasone Propionate and Salmeterol *	Oral Powder for Inhalation	100 mcg/50 mcg per inhalation 250 mcg/50 mcg per inhalation 500 mcg/50 mcg per inhalation	60 each 60 each 60 each	LR	* Fluticasone Propionate and Salmeterol are restricted to NDC labeler code 00173 only. **Note:** "ea" means one blister of drug.
	Oral Inhaler without Chlorofluorocarbons as the Propellant	45 mcg/21 mcg per inhalation, 12 gm 115 mcg/21 mcg per inhalation, 12 gm 230 mcg/21 mcg per inhalation, 12 gm	gm gm gm		
Fluticasone/Vilanterol *	Blisters for Inhalation with Inhalation Device	50-25 mcg 100-25 mcg 200-25 mcg	ea ea ea	LR	* Restricted to NDC labeler code 00173 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Glycopyrrolate and Formoterol Fumarate *	Oral Inhaler	9 mcg/4.8 mcg, 10.7 gm	gm	LR	* Restricted to NDC labeler code 00310 only.
Ipratropium Bromide and Albuterol Sulfate	Inhaler *	20 mcg-100 mcg, 4 gm	gm	LR	* Restricted to NDC labeler code 00597 only.
	Solution for Inhalation	0.5 mg/3.0 mg, 3 ml	ml		
Ipratropium Bromide	HFA Inhaler *	12.9 gm	gm	LR	* Restricted NDC labeler code 00597 for the HFA inhaler only.
	Inhalant Solution	0.02%, 2.5 ml	ml		
Levalbuterol HCL	Inhalation Solution	0.31 mg 0.63 mg 1.25 mg	ml ml ml		
Levalbuterol Tartrate	Oral Inhaler without Chlorofluorocarbons as the Propellant	15 gm	ea		
Mometasone Furoate	Aerosol Inhaler with Adapter *	50 mcg 100 mcg 200 mcg	gm gm gm	LR	* Aerosol Inhaler with Adapter and Oral Powder for Inhalation are restricted to NDC labeler code 78206 only.
	Nasal Spray	50 mcg, 17 gm	gm		
	Oral Powder for Inhalation *	110 mcg, 30 dose 220 mcg, 14 dose 220 mcg, 30 dose 220 mcg, 60 dose 220 mcg, 120 dose	ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Mometasone/Formoterol *	Aerosol Inhaler with Adapter	50 mcg-5 mcg 100 mcg-5 mcg 200 mcg-5 mcg	gm gm gm	LR	* Restricted to NDC labeler code 78206 only.
Montelukast Sodium	Granules	4 mg	ea		
	Chewable Tablets	4 mg 5 mg	ea ea		
	Tablets	5 mg 10 mg	ea ea		
Salmeterol Xinafoate	Inhalation Powder *	60s	ea	LR	* The inhalation powder is restricted to NDC labeler code 00173 only.
Terbutaline Sulfate	Tablets	2.5 mg 5 mg	ea ea		
	Injection	1 mg/ml	ml		
	Aerosol Inhaler with Adapter	7.5 ml	ml		
	Aerosol Inhaler without Adapter	7.5 ml	ml		
Theophylline	Tablets or Capsules		ea	QL	**Note:** Payment limited to a minimum dispensing quantity of 480 ml. Refer to CCR, Title 22, Section 51513(b)(5) regarding exceptions.
	Long-Acting Tablets or Capsules		ea		
	Oral Liquid Dosage Forms		ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Asthmatics					
Tiotropium Bromide *	Capsules for Inhalation with Inhalation Device	Package containing 30 or 90 capsules and one inhalation device	each capsule	LR	* Restricted to NDC labeler code 00597 only.
	Inhaler	1.25 mcg, 4 gm 2.5 mcg, 4 gm	gm gm		
Umeclidinium Bromide/ Vilanterol Trifenatate *	Blisters for Inhalation with Inhalation Device	62.5 mcg-25 mcg	ea	LR	* Restricted to NDC labeler code 00173 only.

Autonomic Drugs: Anti-Emetics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Emetics					
Aprepitant *	Capsules	40 mg 80 mg 125 mg	ea ea ea	QL	* The 40 mg capsules are limited to a maximum of one capsule per dispensing, not to exceed one dispensing in any 30-day period. * Restricted to a maximum of either 1) one tri-fold pack per dispensing, or 2) one 125 mg capsule and/or two 80 mg capsules per dispensing.
	Tri-Fold Pack	1 x 125 mg 2 x 80 mg	ea ea		
Chlorpromazine HCL	Refer to: Antipsychotics				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Emetics					
Doxylamine/ Pyridoxine HCL *	Delayed-Release Tablets	10 mg/10 mg	ea	LR	* Restricted to NDC labeler code 55494 only.
Granisetron Hydrochloride	Injection *	1 mg/ml, 1 ml	ml	QL	* Granisetron Hydrochloride injection is restricted to a maximum of 1 ml per dispensing.
	Tablets	1 mg	ea		
Meclizine HCL	Tablets		ea		
	Chewable Tablets		ea		
Ondansetron	Injection *	2 mg/ml, 2 ml	ml	QL	* The 2 mg/ml, 2 ml injection is restricted to a maximum of 16 mg per dispensing.
	Tablets	4 mg 8 mg	ea ea		
	Orally Disintegrating Tablets	4 mg 8 mg	ea ea		
	Liquid	4 mg/5 ml	ml		
Perphenazine	Refer to: Antipsychotics				
Prochlorperazine	Injection	5 mg/ml	ml		
	Prefilled Syringe for Injection		ml		
	Tablets	5 mg 10 mg 25 mg	ea ea ea		
	Liquid	5 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Emetics					
(continued)	Sustained-Release Capsules	10 mg 15 mg 30 mg	ea ea ea		
	Suppositories	2.5 mg 5 mg 25 mg	ea ea ea		

Autonomic Drugs: Antihistamines

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Antihistamines					
Azelastine HCL	Nasal Spray	137 mcg (0.1%)	ml		
	Nasal Spray	0.15%	ml		
	Ophthalmic Solution	0.05%	ml		
Caffeine Citrate *	Oral Solution	60 mg/3 ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Cetirizine HCL	Droperette	0.24%	ea		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
	Liquid	1 mg/1 ml	ml		
Cyproheptadine HCL	Tablets	4 mg	ea		
	Oral Liquid Dosage Forms	2 mg/5 ml	ml		
Desloratadine	Tablets	5 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Antihistamines					
Diphenhydramine HCL	Injection	50 mg/ml 10 mg/ml	ml ml		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
	Liquid	12.5 mg/5 ml	ml		
Fexofenadine HCL	Tablets	60 mg	ea		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
	Suspension	30 mg/5 ml	ml		
Levocetirizine Dihydrochloride	Tablets	5 mg	ea		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
Olopatadine HCL	Nasal Spray	0.6%	gm		
Olodaterol HCL *	Inhaler	2.5 mcg, 4 gm	gm	LR	* Restricted to NDC labeler code 00597 only.
Promethazine	Injection	25 mg/ml, 1 ml 25 mg/ml, 10 ml 50 mg/ml	ml ml ml		
	Tablets	12.5 mg 25 mg 50 mg	ea ea ea		
	Oral Liquid Dosage Forms	6.25 mg/5 ml	ml		
	Suppositories	12.5 mg 25 mg 50 mg	ea ea ea		
Tiotropium Bromide/ Olodaterol HCL *	Inhaler	2.5 mg/2.5 mcg, 4 gm	gm		* Restricted to NDC labeler code 00597 only.

Autonomic Drugs: Anti-Parkinsonism

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Parkinsonism					
Amantadine HCL	Capsules	100 mg	ea		
	Liquid	50 mg/5 ml	ml		
Benztropine Mesylate	Injection	1 mg/ml	ml		
	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		
Cabergoline	Tablets	0.5 mg	ea		
Carbidopa	Tablets	25 mg	ea		
Carbidopa and Levodopa	Tablets	10 mg/100 mg 25 mg/100 mg 25 mg/250 mg	ea ea ea		
	Long-Acting Tablets	25 mg/100 mg 50 mg/200 mg	ea ea		
Carbidopa and Levodopa and Entacapone	Tablets	12.5 mg/50 mg/ 200 mg 25 mg/100 mg/ 200 mg 37.5 mg/150 mg/ 200 mg	ea ea ea		
Entacapone	Tablets	200 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Parkinsonism					
Pramipexole Dihydrochloride	Tablets	0.125 mg 0.25 mg 0.5 mg 0.75 mg 1.0 mg 1.5 mg	ea ea ea ea ea ea		
	Extended-Release Tablets	0.375 mg 0.75 mg 1.5 mg 2.25 mg 3.0 mg 3.75 mg 4.5 mg	ea ea ea ea ea ea ea		
Ropinirole HCL	Tablets	0.25 mg 0.5 mg 1 mg 2 mg 3 mg 4 mg 5 mg	ea ea ea ea ea ea ea		
	Extended-Release Tablets	2 mg 4 mg 6 mg 8 mg 12 mg	ea ea ea ea ea		
Selegiline HCL	Tablets	5 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Anti-Parkinsonism					
Trihexyphenidyl HCL	Tablets	2 mg 5 mg	ea ea		
	Liquid	2 mg/5 ml	ml		

Autonomic Drugs: Migraine

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Migraine					
Ergotamine Tartrate and Caffeine	Suppositories		ea		
Fremanezumab-vfrm *	Prefilled Autoinjector	225 mg/1.5 ml 225 mg/1.5 ml x 3	ml ml	LR	* Restricted to use for the preventative treatment of migraine only. Also restricted to NDC labeler code 51759 only.
	Prefilled Syringe	225 mg/1.5 ml	ml		
Galcanezumab-gnlm *	Injection	120 mg/ml	ml	LR	* Restricted to use for the preventative treatment of migraine only. Also restricted to NDC labeler code 00002 only.
Naratriptan	Tablets	1 mg 2.5 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Migraine					
Rimegepant *	Orally Disintegrating Tablets	75 mg	ea	LR, QL	* Restricted to 1) acute treatment of migraine headache; 2) maximum quantity of 8 tablets per dispensing and one dispensing in 30 days. Also restricted to NDC labeler code 72618 only.
Rizatriptan Benzoate	Tablets	5 mg 10 mg	ea ea		
	Orally Disintegrating Tablets	5 mg 10 mg	ea ea		
Sumatriptan	Nasal Spray	5 mg 20 mg	ea ea		
Sumatriptan Succinate	Injection (Kit or Refill)	4 mg 6 mg	ml ml		
	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Ubrogepant *	Tablets	50 mg 100 mg	ea ea	LR, QL	* Restricted to 1) acute treatment of migraine headache; 2) maximum quantity of 10 tablets per dispensing and one dispensing in 30 days. Also restricted to NDC labeler code 00023 only.

Autonomic Drugs: Parasympatholytic (Anticholinergic) Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Parasympatholytic (Anticholinergic) Agents					
Atropine Sulfate	Refer to: Ophthalmic Mydriatics				
Dicyclomine	Tablets or Capsules	10 mg 20 mg	ea ea		
	Liquid	10 mg/5 ml	ml		
Glycopyrrolate	Injection	0.2 mg/ml, 1 ml 0.2 mg/ml, 2 ml 0.2 mg/ml, 5 ml 0.2 mg/ml, 20 ml	ml ml ml ml		
	Tablets	1 mg 2 mg	ea ea		
	Oral Solution	1 mg/5 ml	ml		
Hyoscyamine Sulfate	Tablets, Sublingual Tablets, and Rapid Tablets	0.125 mg	ea		
	Extended-Release Tablets	0.375 mg	ea		
Ipratropium Bromide	Nasal Spray	0.03% 0.06%	ml ml		
Pilocarpine HCL	Tablets	5 mg 7.5 mg	ea ea		

Autonomic Drugs: Parasympathomimetic (Cholinergic) Agents – also refer to Ophthalmic Miotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Parasympathomimetic (Cholinergic) Agents – also refer to Ophthalmic Miotics					
Bethanechol Chloride	Tablets	5 mg 10 mg 25 mg 50 mg	ea ea ea ea		
Donepezil HCL	Tablets or Orally Disintegrating Tablets	5 mg 10 mg	ea ea		
Galantamine Hydrobromide	Extended-Release Capsules	8 mg 16 mg 24 mg	ea ea ea		
	Tablets	4 mg 8 mg 12 mg	ea ea ea		
	Oral Solution	4 mg/ml	ml		
Pyridostigmine Bromide	Tablets	60 mg	ea		
	Long-Acting Tablets	180 mg	ea		
	Oral Solution	60 mg/5 ml	ml		
Rivastigmine	Transdermal System	4.6 mg/24 hr 9.5 mg/24 hr 13.3 mg/24 hr	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Parasympathomimetic (Cholinergic) Agents – also refer to Ophthalmic Miotics					
Rivastigmine Tartrate	Capsules	1.5 mg 3.0 mg 4.5 mg 6.0 mg	ea ea ea ea		

Autonomic Drugs: Sympatholytic (Adrenergic Blocking) Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Sympatholytic (Adrenergic Blocking) Agents					
Ergotamine Tartrate and Caffeine	Refer to: Migraine				
Propranolol HCL	Refer to: Antihypertensive				

Autonomic Drugs: Sympathomimetic (Adrenergic) Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Autonomic Drugs: Sympathomimetic (Adrenergic) Agents					
Epinephrine	Refer to: Anti-Asthmatics				

Blood Modifiers: Anticoagulant Antagonist

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Anticoagulant Antagonist					
Phytonadione	Injection	10 mg/ml, 1 ml 10 mg/ml, 2.5 ml 10 mg/ml, 5 ml	ml ml ml		
	Tablets	5 mg	ea		

Blood Modifiers: Anticoagulants

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Anticoagulants					
Apixaban *	Tablets	2.5 mg 5 mg	ea ea	LR	* Restricted to NDC labeler code 00003 only.
	Tablets for Suspension	0.5 mg pkt (1 x 0.5 mg tablet) 1.5 mg pkt (3 x 0.5 mg tablet) 2 mg pkt (4 x 0.5 mg tablet)	ea ea ea		
	Starter Pack Tablets	5 mg	ea		
	Sprinkle Capsule	0.15 mg	ea		
Dabigatran Etexilate Mesylate	Capsules	75 mg 110 mg 150 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Anticoagulants					
Enoxaparin Sodium	Prefilled Syringe	30 mg 40 mg 60 mg 80 mg 100 mg 120 mg 150 mg	ml		
	Vial	300 mg/3 ml	ml		
Heparin	Injection	in 5% Dextrose and water (D5W)	ml		
	Premixed Injection	in 0.9% Sodium Chloride (NS)	ml		
	Vial		ea		
Heparin Lock Flush Solution					
Prasugrel HCL	Tablets	5 mg 10 mg	ea ea		
Rivaroxaban *	Tablets	2.5 mg 10 mg 15 mg 20 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 50458 only.
	Starter Pack Tablets	15 mg to 20 mg Tablets from 51-tablet pack	ea		
	Suspension	1 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Anticoagulants					
Warfarin Sodium	Tablets	1 mg 2 mg 2.5 mg 3 mg 4 mg 5 mg 6 mg 7.5 mg 10 mg	ea ea ea ea ea ea ea ea ea		

Blood Modifiers: Anti-Platelet

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Anti-Platelet					
Clopidogrel Bisulfate	Tablets	75 mg	ea		
Ticagrelor	Tablets	60 mg * 90 mg	ea ea	LR	* Ticagrelor 60 mg tablet is restricted to NDC labeler code 00186 only. **Effective August 1, 2026:** NDC labeler code removed.

Blood Modifiers: Hematinics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Hematinics					
Ferrous Sulfate					

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Hematinics					
Iron Dextran Injection	Injection	2 ml	ml		

Blood Modifiers: Hematopoietic

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Hematopoietic					
Epoetin Alfa	Injection	2000 u/ml 3000 u/ml 4000 u/ml 10,000 u/ml 20,000 u/ml 40,000 u/ml	ml ml ml ml ml ml		
Epoetin Alfa-epbx *	Injection	2000 u/ml 3000 u/ml 4000 u/ml 10,000 u/ml 20,000 u/ml 20,000 u/2 ml 40,000 u/ml	ml ml ml ml ml ml ml	LR	* Restricted to NDC labeler code 00069 only.

Blood Modifiers: Hemostatics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Hemostatics					
Aminocaproic Acid	Oral Solution	250 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Hemostatics					
Tranexamic Acid	Tablets	650 mg	ea		

Blood Modifiers: Thrombocytopenic

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Blood Modifiers: Thrombocytopenic					
Anagrelide Hydrochloride	Capsules	0.5 mg 1.0 mg	ea ea		

Analgesics: Anti-Inflammatory (also refer to Glucocorticoids)

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Anti-Inflammatory (also refer to Glucocorticoids)					
Aspirin	Refer to: Anti-Platelet Agents				
Celecoxib	Capsules	100 mg 200 mg	ea ea		
Diclofenac Sodium	Ophthalmic Solution	0.1%	ml		
	Tablets	25 mg 50 mg 75 mg	ea ea ea		
	Gel	1%	ea		
Fenoprofen Calcium	Tablets	600 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Anti-Inflammatory (also refer to Glucocorticoids)					
Flurbiprofen	Tablets	50 mg 100 mg	ea		
Flurbiprofen Sodium	Ophthalmic Solution	0.03%	ml		
Ibuprofen	Tablets	400 mg 600 mg 800 mg	ea ea ea		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
	Suspension	100 mg/5 ml	ml		
Indomethacin	Capsules	25 mg 50 mg	ea ea		
	Suspension *	25 mg/5 ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Ketoprofen	Capsules	50 mg 75 mg	ea ea		
Meloxicam	Tablets	7.5 mg 15 mg	ea ea		
Nabumetone	Tablets	500 mg 750 mg	ea ea		
Naproxen	Tablets or Capsules	250 mg 375 mg 500 mg	ea ea ea		
	Liquid	125 mg/5ml	ea		
Piroxicam	Tablets or Capsules	10 mg 20 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Anti-Inflammatory (also refer to Glucocorticoids)					
Salsalate	Tablets or Capsules	500 mg 750 mg	ea ea		
Sulindac	Tablets or Capsules	150 mg 200 mg	ea ea		

Analgesics: Narcotic Antagonists

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotic Antagonists					
Buprenorphine *	Sublingual Tablets	2 mg 8 mg	ea ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Extended-Release Syringe *	100 mg/0.5 ml 300 mg/1.5 ml	ml ml	LR, QL	* Extended-release syringe is restricted to NDC labeler code 12496 only.
	Extended-Release Prefilled Safety Syringe *	8 mg/0.16 ml 16 mg/0.32 ml 24 mg/0.48 ml 32 mg/0.64 ml 64 mg/0.18 ml 96 mg/0.27 ml 128 mg/0.36 ml	ml ml ml ml ml ml ml	LR, QL	* Extended-release prefilled safety syringe is restricted to NDC labeler code 58284 only.
	Transdermal Patch *	5 mcg/hour 7.5 mcg/hour 10 mcg/hour 15 mcg/hour 20 mcg/hour	ea ea ea ea ea	LR, QL	* Transdermal patch is restricted to NDC labeler code 59011 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotic Antagonists					
Buprenorphine/ Naloxone *	Sublingual Tablets	2 mg/0.5 mg 8 mg/2 mg 0.7 mg/0.18 mg 1.4 mg/0.36 mg 2.9 mg/0.71 mg 5.7 mg/1.4 mg 8.6 mg/2.1 mg 11.4 mg/2.9 mg	ea ea ea ea ea ea ea ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Sublingual Film	2 mg/0.5mg 4 mg/1 mg 8 mg/2 mg 12 mg/3 mg	ea ea ea ea		
Naloxone HCL	Injection	0.4 mg/ml 1.0 mg/ml	ml ml		
	Intranasal Spray	4 mg/0.1 ml 8 mg/0.1 ml *	ea ea	LR	* Restricted to NDC labeler code 59467 for 8 mg/0.1 ml intranasal spray only.
Naltrexone *	Extended-Release Injectable Suspension Kit	380 mg	ea	LR	* Restricted to NDC labeler code 65757 only.
Naltrexone HCL	Tablets	50 mg	ea		

Analgesics: Narcotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotics					
Codeine and Acetaminophen	Tablets or Capsules *	15 mg- 300 to 325 mg 30 mg- 300 to 325 mg	ea ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Liquid	12 mg-120 mg/ 5 ml	ml		
Fentanyl *	Transdermal Patch	25 mcg 50 mcg 75 mcg 100 mcg	ea ea ea ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
Hydrocodone and Acetaminophen *	Tablets	5 mg/325 mg 7.5 mg/325 mg 10 mg/325 mg	ea ea ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Oral Solution	7.5 mg/325 mg/ 15 ml	ml		
Hydromorphone *	Tablets	2 mg 4 mg 8 mg	ea ea ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Suppositories	3 mg	ea		
Levorphanol Tartrate *	Tablets	2 mg	ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
Meperidine HCL *	Elixir	50 mg/5 ml	ml		* Meperidine HCL requires a PA.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotics					
Methadone *	Tablets	5 mg 10 mg	ea ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
Morphine Sulfate *	Extended-Release Pellets in Capsules	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg 80 mg 100 mg 200 mg	ea ea ea ea ea ea ea ea ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Oral Tablets	10 mg 15 mg 30 mg	ea ea ea		
	Long-Acting Tablets	15 mg 30 mg 60 mg 100 mg	ea ea ea ea		
	Solution	10 mg/5 ml 20 mg/5 ml	ml ml		
	Solution (Oral Concentrate)	100 mg/5 ml	ml		
Oxycodone and Acetaminophen *	Tablets	5 mg to 325 mg 7.5 mg to 325 mg 10 mg to 325 mg	ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Narcotics					
Oxycodone HCL *	Tablets or Capsules	5 mg 15 mg 30 mg	ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Solution	5 mg/5 ml	ml		
	Concentrate	100 mg/5 ml (20 mg/ml)	ml		
Oxymorphone *	Suppositories	5 mg	ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.

Analgesics: Non-Narcotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Non-Narcotics					
Aspirin	Refer to: Anti-Platelet Agents				
Lidocaine	Topical System *	1.8%	ea	LR	* Lidocaine topical system is restricted to NDC labeler code 69557 only. **Note:** Billing unit "ea" means each patch.
	Viscous Solution	2%	ml		
	Jelly	2%	ml		
	Cream	3%	gm		
	Ointment	5%	gm		
	Patch	5%	ea		
Phenazopyridine HCL	Tablets	100 mg 200 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Analgesics: Non-Narcotics					
Tramadol HCL *	Tablets	50 mg	ea	AL, QL	* The use of tramadol for Medi-Cal members younger than 17 years of age requires a PA. Refer to the *Controlled Substance Policy* section for drug-specific limitations.

Bisphosphonates

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Bisphosphonates					
Alendronate Sodium	Tablets	5 mg 10 mg 35 mg 70 mg	ea ea ea ea		
Alendronate Sodium/ Cholecalciferol *	Tablets	70 mg/2800 IU 70 mg/5600 IU	ea ea	LR	* Restricted to NDC labeler code 78206 only.
Ibandronate Sodium	Tablets	150 mg	ea		
Pamidronate Disodium	Powder for Injection		ea		
Risedronate Sodium	Tablets	5 mg 30 mg 35 mg	ea ea ea		
Zoledronic Acid	Injection	4 mg/5 ml	ml		
	Powder for Injection		ea		

Bone Resorption Inhibitors

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Bone Resorption Inhibitors					
Raloxifene HCL	Tablets	60 mg	ea		

Broncho-Pulmonary Secretion Modifiers

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Broncho-Pulmonary Secretion Modifiers					
Acetylcysteine	Solution	10% 20%	ml ml		
Dornase Alfa *	Ampule	1 mg/ml	ml	LR	* Restricted to NDC labeler code 50242 only.
Sodium Chloride	Inhalation Vials	0.45% 0.9% 3% 3.5% 6% 7% 10%	ml ml ml ml ml ml ml		

Calcimimetic Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Calcimimetic Agent					
Cinacalcet HCL	Tablets	30 mg 60 mg 90 mg	ea ea ea		

Central Nervous System: Antianxiety

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antianxiety					
Buspirone HCL	Tablets	5 mg 7.5 mg 10 mg 15 mg 30 mg	ea ea ea ea ea		
Chlordiazepoxide HCL *	Capsules	5 mg 10 mg 25 mg	ea ea ea	QL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
Hydroxyzine HCL	Tablets	10 mg 25 mg 50 mg	ea		
	Oral Liquid Dosage Forms	10 mg/5 ml	ml		
Hydroxyzine Pamoate	Capsules	25 mg 50 mg 100 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antianxiety					
Lorazepam *	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Oral Concentration	2 mg/ml	ml		

Central Nervous System: Anticonvulsants

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Carbamazepine	Extended-Release Capsules and Tablets (12-hour)	100 mg 200 mg 300 mg 400 mg	ea ea ea ea		
	Chewable Tablets	100 mg	ea		
	Tablets	200 mg	ea		
	Liquid	100 mg/5 ml	ml		
Cannabidiol *	Oral Solution	100 mg/ml	ml	LR	* Restricted to use in the treatment of seizures in patients with epilepsy. Also restricted to NDC labeler code 70127 only.
Clobazam	Tablets *	10 mg 20 mg	ea ea		* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Suspension	2.5 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Clonazepam *	Tablets	0.5 mg 1.0 mg 2.0 mg	ea ea ea		* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	ODT Tablets	0.125 mg 0.25 mg 0.5 mg	ea ea ea		
Diazepam *	Injection *	5 mg/ml	ml	AL	* Use in members younger than 2 years of age requires a PA for all dosage forms. * Restricted to use in Cerebral Palsy, Athetoid States, or Spinal Cord Degeneration for the injection only.
	Nasal Spray *	5 mg 10 mg 15 mg 20 mg	ea ea ea ea	AL, LR, QL	* Restricted to use in the treatment of acute epilepsy in patients 2 years of age and older. Also restricted to a maximum quantity of 20 blister packs in any 12-month period; and to NDC labeler code 72252 for the nasal spray only. **Note:** The billing unit for the nasal spray is a blister pack. Each carton contains 2 or 5 blister packs.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
(continued)	Tablets *	2 mg 5 mg 10 mg	ea ea ea	AL	* Use in members younger than 2 years of age requires a PA for all dosage forms. * Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Rectal Gel *	2.5 mg twin pack 10 mg delivery system twin pack 20 mg delivery system twin pack	ea ea ea	AL, QL	* Restricted to use in the treatment of acute epilepsy in patients 2 years of age and older. Also restricted to a maximum quantity of 10 twin packs (kits) in any 12-month period. **Note:** The billing unit for the rectal gel is each twin pack.
	Solution *	5 mg/5 ml	ml	AL	* Refer to the *Controlled Substance Policy* section for drug-specific limitations for the solution. * Use in members younger than 2 years of age requires a PA for all dosage forms.
Divalproex Sodium	Capsules	125 mg	ea		
	Enteric-Coated Tablets	125 mg 250 mg 500 mg	ea ea ea		
	Extended-Release Tablets	250 mg 500 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Ethosuximide	Capsules	250 mg	ea		
	Syrup	250 mg/5 ml	ml		
Felbamate	Tablets	400 mg 600 mg	ea ea		
	Suspension *	600 mg/5 ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Gabapentin	Capsules	100 mg 300 mg 400 mg	ea ea ea		
	Tablets	600 mg 800 mg	ea ea		
	Oral Solution	250 mg/5 ml	ml		
Lamotrigine	Tablets	25 mg 100 mg 150 mg 200 mg	ea		
	Starter Kits Tablets	25 mg, tablets from 35-tablet kit 25 mg-100 mg, tablets from 49-tablet kit 25 mg-100 mg, tablets from 98-tablet kit			

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
(continued)	Dispersible Tablets	5 mg 25 mg	ea ea		
	Extended-Release Tablets	25 mg 50 mg 100 mg 200 mg 250 mg 300 mg	ea ea ea ea ea ea		
	ODT Tablets	25 mg 50 mg 100 mg 200 mg	ea ea ea ea		
Lacosamide	Tablets	50 mg 100 mg 150 mg 200 mg	ea ea ea ea		
	Oral Solution	10 mg/ml	ml		
Levetiracetam	Oral Solution	100 mg/ml	ml		
	Tablets	250 mg 500 mg 750 mg 1000 mg	ea ea ea ea		
	Extended-Release Tablets	500 mg 750 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Midazolam *	Nasal Spray	5 mg	ea	AL, LR, QL	* Restricted to use in the treatment of acute epilepsy in patients 12 years of age and older. Also restricted to a maximum quantity of 20 blister packs (10 boxes) in any 12-month period; and NDC labeler code 50474 only. **Note:** The billing unit is a blister pack. Each box contains 2 blister packs.
Oxcarbazepine	Tablets	150 mg 300 mg 600 mg	ea		
	Suspension	300 mg/5 ml	ml		
Perampanel	Suspension *	0.5 mg/ml	ml	AL, LR	* The suspension and tablets are restricted to patients 4 years of age and older. Also restricted to NDC labeler code 69616 only. * Refer to the *Controlled Substance Policy* section for drug-specific limitations for tablets only.
	Tablets *	2 mg 4 mg 6 mg 8 mg 10 mg 12 mg	ea ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Phenobarbital *	Injection	120 to 130 mg/ml, 1 ml	ml		* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Tablets	15 mg 16.2 mg 30 mg 32.4 mg 60 mg 64.8 mg 97.2 mg 100 mg	ea ea ea ea ea ea ea ea		
	Oral Liquid Dosage Forms	20 mg/5 ml	ml		
Phenytoin	Chewable Tablets	50 mg	ea		
	Extended-Release Capsules	30 mg 100 mg 200 mg 300 mg	ea ea ea ea		
	Prompt Capsules	100 mg	ea		
	Suspension	125 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Pregabalin	Capsules	25 mg 50 mg 75 mg 100 mg 150 mg 200 mg 225 mg 300 mg	ea ea ea ea ea ea ea ea		
Primidone	Tablets	50 mg 250 mg	ea ea		
	Liquid	0.25 gm/5 ml	ml		
Rufinamide *	Suspension	40 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Tiagabine HCL	Plain Tablets	2 mg 4 mg 12 mg 16 mg	ea ea ea ea		
Topiramate	Tablets	25 mg 50 mg 100 mg 200 mg	ea ea ea ea		
	Sprinkle Capsules	15 mg 25 mg	ea ea		
	Solution *	25 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anticonvulsants					
Valproic Acid	Tablets or Capsules	250 mg	ea		
	Liquid	250 mg/5 ml	ml		
Zonisamide	Capsules	25 mg 50 mg 100 mg	ea ea ea		

Central Nervous System: Antidepressants

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
Amitriptyline HCL	Injection	10 mg/ml	ml		
	Tablets	10 mg 25 mg 50 mg 75 mg 100 mg 150 mg	ea ea ea ea ea ea		
Amitriptyline HCL, Perphenazine	Tablets	10 mg/2 mg 10 mg/4 mg 25 mg/2 mg 25 mg/4 mg	ea ea ea ea		
Bupropion HCL	Tablets	75 mg 100 mg	ea ea		
	Extended-Release (24-hour) Tablets	150 mg 300 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
(continued)	Sustained-Release (12-hour) Tablets	100 mg 150 mg 200 mg	ea ea ea		
	Sustained-Release Tablets for Smoking Cessation	150 mg	ea		**Note:** Refer to the *Reimbursement* section of the *Medi-Cal Rx Provider Manual* for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for FFS Medi-Cal patients.
Citalopram HBR	Tablets	10 mg 20 mg 40 mg	ea ea ea		
	Solution	10 mg/5 ml	ml		
Clomipramine HCL	Capsules	25 mg 50 mg 75 mg	ea ea ea		
Desipramine HCL	Tablets	10 mg 25 mg 50 mg 75 mg 100 mg 150 mg	ea ea ea ea ea ea		
Desvenlafaxine Succinate	Extended-Release Tablets	25 mg 50 mg 100 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
Doxepin HCL	Capsules	10 mg 25 mg 50 mg 75 mg 100 mg 150 mg	ea ea ea ea ea ea		
	Oral Concentrate	10 mg/ml	ml		
Duloxetine HCL	Delayed-Release Capsules	20 mg 30 mg 60 mg	ea ea ea		
Escitalopram Oxalate	Oral Solution	5 mg/5 ml	ml		
	Tablets	5 mg 10 mg 20 mg	ea ea ea		
Fluoxetine HCL	Capsules	10 mg 20 mg 40 mg	ea ea ea		
	Tablets	10 mg 20 mg 60 mg	ea ea ea		
	Solution	20 mg/5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
Fluvoxamine Maleate	Extended-Release Capsules	100 mg 150 mg	ea ea		
	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Imipramine HCL	Tablets	10 mg 25 mg 50 mg	ea ea ea		
Mirtazapine	Tablets or Orally Disintegrating Tablets	7.5 mg 15 mg 30 mg 45 mg	ea ea ea ea		
Nortriptyline HCL	Capsules	10 mg 25 mg 50 mg 75 mg	ea ea ea ea		
	Liquid	10 mg/5 ml	ml		
Paroxetine HCL	Oral Suspension	10 mg/5 ml	ml		
	Tablets	10 mg 20 mg 30 mg 40 mg	ea ea ea ea		
	Controlled-Release Tablets	12.5 mg 25 mg 37.5 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
Protriptyline HCL	Tablets	5 mg 10 mg	ea ea		
Sertraline HCL	Concentrate	20 mg/ml	ml		
	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Trazodone HCL	Tablets	50 mg 100 mg 150 mg	ea ea ea		
Venlafaxine HCL	Tablets	25 mg 37.5 mg 50 mg 75 mg 100 mg	ea ea ea ea ea		
	Extended-Release Capsules	37.5 mg 75 mg 150 mg	ea ea ea		
	Extended-Release Tablets	37.5 mg 75 mg 150 mg 225 mg	ea ea ea ea		
Vilazodone HCL	Tablets	10 mg 20 mg 40 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antidepressants					
Vortioxetine hydrobromide *	Tablets	5 mg 10 mg 20 mg	ea ea ea	LR	* Restricted to NDC labeler code 64764 only.

Central Nervous System: Anti-Hyperkinetics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anti-Hyperkinetics					
Amphetamine, mixed salts (amphetamine sulfate, amphetamine aspartate monohydrate, dextroamphetamine sulfate, and dextroamphetamine saccharate) *	Tablets	5 mg 7.5 mg 10 mg 12.5 mg 15 mg 20 mg 30 mg	ea ea ea ea ea ea ea		* Restricted to use in Attention Deficit Hyperactivity Disorder. Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Extended-Release Capsules	5 mg 10 mg 15 mg 20 mg 25 mg 30 mg	ea ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anti-Hyperkinetics					
Atomoxetine HCL	Capsules	10 mg 18 mg 25 mg 40 mg 60 mg 80 mg 100 mg	ea ea ea ea ea ea ea		
Clonidine HCL	12-Hour Tablet	0.1 mg	ea		
Dexmethylphenidate HCL *	Extended-Release Capsules	5 mg 10 mg 15 mg 20 mg 25 mg 30 mg 35 mg 40 mg	ea ea ea ea ea ea ea ea		* Restricted to use in Attention Deficit Hyperactivity Disorder. Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Tablets	2.5 mg 5 mg 10 mg	ea ea ea		
Dextroamphetamine Sulfate *	Tablets	5 mg 10 mg	ea ea		* Restricted to use in Attention Deficit Hyperactivity Disorder. Refer to the *Controlled Substance Policy* section for drug-specific limitations.
Guanfacine HCL Extended-Release	Extended-Release Tablets	1 mg 2 mg 3 mg 4 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anti-Hyperkinetics					
Lisdexamfetamine Dimesylate *	Capsules	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg 70 mg	ea ea ea ea ea ea ea	LR	* Restricted to NDC labeler code 59417 only and restricted to use in Attention Deficit Hyperactivity Disorder. Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Chewable Tablets	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	ea ea ea ea ea ea		
Methylphenidate HCL *	Tablets	5 mg 10 mg 20 mg	ea ea ea		* Restricted to use in Attention Deficit Hyperactivity Disorder. Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Extended-Release Tablets	18 mg 27 mg 36 mg 54 mg	ea ea ea ea		
	Extended-Release Capsules (CD)	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	ea ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anti-Hyperkinetics					
(continued)	Extended-Release Capsules (LA)	10 mg 20 mg 30 mg 40 mg 60 mg	ea ea ea ea ea		
	Solution	5 mg/5 ml 10 mg/5 ml	ml ml		
Serdexmethylphenidate/ Dexmethylphenidate *	Capsules	26.1 mg/5.2 mg 39.2 mg/7.8 mg 52.3 mg/10.4 mg	ea ea ea	LR	* Restricted to use in Attention Deficit Hyperactivity Disorder. Refer to the *Controlled Substance Policy* section for drug-specific limitations. Also restricted to NDC labeler code 65038 only.

Central Nervous System: Anti-Manics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Anti-Manics					
Lithium Carbonate	Tablets	300 mg	ea		
	Capsules	150 mg 300 mg 600 mg	ea ea ea		
	Long-Acting Tablets	300 mg 450 mg	ea ea		
Lithium Citrate	Liquid	8 mEq/5 ml	ml		

Central Nervous System: Antipsychotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Aripiprazole	Tablets	2 mg 5 mg 10 mg 15 mg 20 mg 30 mg	ea ea ea ea ea ea		
	Orally Disintegrating Tablets	10 mg 15 mg	ea ea		
	Oral Solution	1 mg/ml	ml		
	Extended-Release Injectable Prefilled Dual Chamber Syringe Kit *	300 mg 400 mg	ea ea	LR	* Kits and vials are restricted to NDC labeler code 59148 only.
	Extended-Release Injectable Prefilled Syringe Kit *	720 mg/2.4 ml 960 mg/3.2 ml	ml ml		
	Extended-Release Injectable Single-Use Vial *	300 mg 400 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Aripiprazole Lauroxil *	Extended-Release Injection Kit	441 mg/1.6 ml 662 mg/2.4 ml 882 mg/3.2 ml 1064 mg/3.9 ml	ml ml ml ml	LR	* Restricted to NDC labeler code 65757 only.
	Extended-Release Injectable Prefilled Syringe Kit	675 mg/2.4 ml	ml		
Asenapine Maleate *	Sublingual Tablets	2.5 mg 5 mg 10 mg	ea ea ea	LR	* Restricted to NDC labeler code 00456 only.
Chlorpromazine HCL	Tablets	10 mg 25 mg 50 mg 100 mg 200 mg	ea ea ea ea ea		
	Oral Concentrate	30 mg/ml 100 mg/ml	ml ml		
Clozapine	Tablets	25 mg 50 mg 100 mg 200 mg	ea ea ea ea		
	Orally Disintegrating Tablets	12.5 mg 25 mg 100 mg 150 mg 200 mg	ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Fluphenazine Decanoate	Vial	25 mg/ml	ml		
Fluphenazine HCL	Tablets	1 mg 2.5 mg 5 mg 10 mg	ea ea ea ea		
	Elixir	2.5 mg/5 ml	ml		
	Oral Concentrate	5 mg/ml	ml		
Haloperidol	Tablets	0.5mg 1mg 2mg 5mg 10mg 20mg	ea ea ea ea ea ea		
	Liquid	2mg/ml, 15ml 2mg/ml, 120ml	ml ml		
Haloperidol Decanoate	Vial	50 mg/ml 100 mg/ml			
Iloperidone *	Tablets	1 mg 2 mg 4 mg 6 mg 8 mg 10 mg 12 mg	ea ea ea ea ea ea ea	LR	* Restricted to NDC labeler code 43068 only.
	Titration Pack		ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Loxapine Succinate	Capsules	5 mg 10 mg 25 mg 50 mg	ea		
Lurasidone Hydrochloride	Tablets	20 mg 40 mg 60 mg 80 mg 120 mg	ea		
Molindone Hydrochloride	Tablets	5 mg 10 mg 25 mg	ea ea ea		
Olanzapine	Tablets	2.5 mg 5 mg 7.5 mg 10 mg 15 mg 20 mg	ea ea ea ea ea ea		
	Orally Disintegrating Tablets	5 mg 10 mg 15 mg 20 mg	ea ea ea ea		
	Vial	10 mg	ea		
Olanzapine Pamoate	Kit	210 mg 300 mg 405 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
Paliperidone	Extended-Release Tablets	1.5 mg 3 mg 6 mg 9 mg	ea ea ea ea		
Paliperidone Palmitate *	Kit	39 mg/0.25 ml 78 mg/0.5 ml 117 mg/0.75 ml 156 mg/1 ml 234 mg/1.5 ml 273 mg/0.875 ml 410 mg/1.315 ml 546 mg/1.75 ml 819 mg/2.625 ml 1092 mg/3.5 ml 1560 mg/5 ml	ml ml ml ml ml ml ml ml ml ml ml	LR	* Restricted to NDC labeler code 50458 only.
Perphenazine	Tablets	2 mg 4 mg 8 mg 16 mg	ea ea ea ea		
Quetiapine Fumarate	Tablets	25 mg 50 mg 100 mg 150 mg 200 mg 300 mg 400 mg	ea ea ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
(continued)	Extended-Release Tablets	50 mg 150 mg 200 mg 300 mg 400 mg	ea ea ea ea ea		
Risperidone	Tablets	0.25 mg 0.5 mg 1 mg 2 mg 3 mg 4 mg	ea ea ea ea ea ea		
	Oral Disintegrating Tablets	0.25 mg 0.5 mg 1 mg 2 mg 3 mg 4 mg	ea ea ea ea ea ea		
	Solution	1 mg/ml	ml		
	Extended-Release Injection Kit	90 mg 120 mg	ea ea		
	Extended-Release Single-Dose Prefilled Syringe *	50 mg/0.14 ml 75 mg/0.21 ml 100 mg/0.28 ml 125 mg/0.35 ml 150 mg/0.42 ml 200 mg/0.56 ml 250 mg/0.7 ml	ml ml ml ml ml ml ml	LR	* Extended-release single-dose prefilled syringe is restricted to NDC labeler code 51759 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Antipsychotics					
(continued)	Long-Acting Injection Kit *	12.5 mg 25 mg 37.5 mg 50 mg	ea ea ea ea	LR	* Long-acting injection kit is restricted to NDC labeler code 50458 only.
Thioridazine HCL	Tablets	10 mg 25 mg 50 mg 100 mg	ea ea ea ea		
Thiothixene	Capsules	1 mg 2 mg 5 mg 10 mg	ea ea ea ea		
Trifluoperazine HCL	Tablets	1 mg 2 mg 5 mg 10 mg	ea ea ea ea		
Ziprasidone HCL	Capsules	20 mg 40 mg 60 mg 80 mg	ea ea ea ea		

Central Nervous System: Appetite Stimulant

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Appetite Stimulant					
Dronabinol *	Capsules	2.5 mg 5 mg 10 mg	ea ea ea		* Refer to the *Controlled Substance Policy* section for drug-specific limitations.

Central Nervous System: Miscellaneous

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Miscellaneous					
Elinzanetant *	Capsules	60 mg	ea	LR	* Restricted to NDC labeler code 50419 only.
Fezolinetant *	Tablets	45 mg	ea	LR	* Restricted to NDC labeler code 00469 only.
Memantine HCL	Titration Pack	5 mg-10 mg	ea		
	Tablets	5 mg 10 mg	ea ea		
	Solution	2 mg/ml	ml		
	Extended-Release Capsules	7 mg 14 mg 21 mg 28 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Miscellaneous					
Milnacipran HCL *	Tablets	12.5 mg 25 mg 50 mg 100 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00456 only.
	Titration Pack Tablets	12.5 mg, contains 5 Tablets 25 mg, contains 8 Tablets 50 mg, contains 42 Tablets	ea ea ea		
Nicotine	Nasal Spray	10 mg/ml	ml		**Note:** Refer to the *Reimbursement* section of the *Medi-Cal Rx Provider Manual* for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service (FFS) Medi-Cal patients.

Central Nervous System: Sedatives and Hypnotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Sedatives and Hypnotics DHCS recommends that a patient's use of a hypnotic in insomnia therapy be occasional rather than continuous.					
Flurazepam HCL *	Capsules	15 mg 30 mg	ea ea		* Refer to the *Controlled Substance Policy* section for drug-specific limitations.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Central Nervous System: Sedatives and Hypnotics DHCS recommends that a patient's use of a hypnotic in insomnia therapy be occasional rather than continuous.					
Pentobarbital *	Suppositories	30 mg 60 mg 120 mg 200 mg	ea ea ea ea		* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
Ramelteon	Tablets	8 mg	ea		
Temazepam *	Capsules	7.5 mg 15 mg 30 mg	ea ea ea		* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
Zolpidem Tartrate *	Tablets	5 mg 10 mg	ea ea		* Refer to the *Controlled Substance Policy* section for drug-specific limitations.

Chelating Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Chelating Agent					
Patiromer Calcium Sorbitex *	Powder Packets for Oral Suspension	8.4 gm carton of 4 8.4 gm carton of 30 16.8 gm carton of 30 25.2 gm carton of 30	ea ea ea ea	LR	* Restricted to NDC labeler code 53436 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Chelating Agent					
Sodium Polystyrene Sulfonate	Powder		gm		
	Suspension	15 g/60 ml	ml		
Sodium Zirconium Cyclosilicate *	Powder Packets	5 gm 10 gm	ea ea	LR	* Restricted to NDC labeler code 00310 only.
Succimer	Capsules	100 mg	ea		

Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
Acebutolol	Capsules	200 mg 400 mg	ea ea		
Amlodipine Benzoate *	Suspension	1 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Amlodipine Besylate/ Benazepril HCL	Capsules	2.5 mg/10 mg 5 mg/10 mg 5 mg/20 mg 10 mg/20 mg 5 mg/40 mg 10 mg/40 mg	ea ea ea ea ea ea		
Amlodipine Besylate	Tablets	2.5 mg 5 mg 10 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
(continued)	Oral Solution *	1 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Amlodipine/Valsartan	Tablets	5 mg/160 mg 10 mg/160 mg 5 mg/320 mg 10 mg/320 mg	ea ea ea ea		
Amlodipine/Valsartan/ Hydrochlorothiazide	Tablets	5 mg/160 mg/ 12.5 mg 10 mg/160 mg/ 12.5 mg 5 mg/160 mg/ 25 mg 10 mg/160 mg/ 25 mg 10 mg/320 mg/ 25 mg	ea ea ea ea ea		
Atenolol	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Azilsartan Medoxomil *	Tablets	40 mg 80 mg	ea ea	LR	* Restricted to NDC labeler code 60631 only.
Azilsartan Medoxomil/ Chlorthalidone *	Tablets	40 mg/12.5 mg 40 mg/25 mg	ea ea	LR	* Restricted to NDC labeler code 60631 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
Benazepril HCL	Tablets	5 mg 10 mg 20 mg 40 mg	ea ea ea ea		
Benazepril HCL and Hydrochlorothiazide	Tablets	5 mg/6.25 mg 10 mg/12.5 mg 20 mg/12.5 mg 20 mg/25 mg	ea ea ea ea		
Bisoprolol Fumarate	Tablets	5 mg 10 mg	ea ea		
Bisoprolol Fumarate/ Hydrochlorothiazide	Tablets	2.5 mg/6.25 mg 5 mg/6.25 mg 10 mg/6.25 mg	ea ea ea		
Candesartan Cilexetil	Tablets	4 mg 8 mg 16 mg 32 mg	ea ea ea ea		
Captopril	Tablets	12.5 mg 25 mg 50 mg 100 mg	ea ea ea ea		
Clonidine Hydrochloride	Tablets	0.1 mg 0.2 mg 0.3 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
(continued)	Transdermal Patch	0.1 mg/24 hr 0.2 mg/24 hr 0.3 mg/24 hr	ea ea ea		
Diltiazem HCL	Refer to: Vasodilating Agents				
Doxazosin Mesylate	Tablets	1 mg 2 mg 4 mg 8 mg	ea ea ea ea		
Enalapril Maleate	Tablets	2.5 mg 5 mg 10 mg 20 mg	ea ea ea ea		
	Oral Solution *	1 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Enalapril and Hydrochlorothiazide	Tablets	5 mg-12.5 mg 10 mg-25 mg	ea ea		
Felodipine	Extended-Release Tablets	2.5 mg 5 mg 10 mg	ea ea ea		
Fosinopril Sodium	Tablets	10 mg 20 mg 40 mg	ea ea ea		
Fosinopril and Hydrochlorothiazide	Tablets	10 mg-12.5 mg 20 mg-12.5 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
Guanfacine HCL	Tablets	1 mg 2 mg	ea ea		
Hydralazine	Injection	20 mg/ml	ml		
	Tablets	10 mg 25 mg 50 mg 100 mg	ea ea ea ea		
Irbesartan	Tablets	75 mg 150 mg 300 mg	ea ea ea		
Irbesartan and Hydrochlorothiazide	Tablets	150 mg/12.5 mg 300 mg/12.5 mg	ea ea		
Isradipine	Capsules	2.5 mg 5 mg	ea ea		
Labetalol HCL	Tablets	100 mg 200 mg 300 mg	ea ea ea		
Lisinopril	Tablets	2.5 mg 5 mg 10 mg 20 mg 30 mg 40 mg	ea ea ea ea ea ea		
	Solution *	1 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
Lisinopril and Hydrochlorothiazide	Tablets	10 mg-12.5 mg 20 mg-12.5 mg 20 mg-25 mg	ea ea ea		
Losartan Potassium	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Losartan Potassium and Hydrochlorothiazide	Tablets	50 mg-12.5 mg 100 mg-12.5 mg 100 mg-25 mg	ea ea ea		
Methyldopa	Tablets	125 mg 250 mg 500 mg	ea ea ea		
Methyldopa with Hydrochlorothiazide	Tablets	250 mg-15 mg 250 mg-25 mg 500 mg-30 mg	ea ea ea		
Metoprolol Succinate	Extended-Release Tablets	25 mg 50 mg 100 mg 200 mg	ea ea ea ea		
	Extended-Release Capsules (Sprinkles)	25 mg 50 mg 100 mg 200 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
Metoprolol Tartrate	Tablets	25 mg 37.5 mg 50 mg 75 mg 100 mg	ea ea ea ea ea		
	Injection	1 mg/ml, 5 ml	ml		
Metoprolol Tartrate/ Hydrochlorothiazide	Tablets	50 mg-25 mg 100 mg-25 mg 100 mg-50 mg	ea ea ea		
Minoxidil	Tablets	2.5 mg 10 mg	ea ea		
Moexipril HCL	Tablets	7.5 mg 15 mg	ea ea		
Nadolol	Tablets	20 mg 40 mg 80 mg	ea ea ea		
Nebivolol HCL	Tablets	2.5 mg 5 mg 10 mg 20 mg	ea ea ea ea		
Nicardipine	Refer to: Vasodilating Agents				
Nisoldipine, Extended-Release	Tablets	8.5 mg 17 mg 25.5 mg 34 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
Olmesartan Medoxomil	Tablets	5 mg 20 mg 40 mg	ea ea ea		
Olmesartan Medoxomil/ Hydrochlorothiazide	Tablets	20 mg/12.5 mg 40 mg/12.5 mg 40 mg/25 mg	ea ea ea		
Perindopril Erbumine	Tablets	2 mg 4 mg 8 mg	ea ea ea		
Pindolol	Tablets	5 mg 10 mg	ea ea		
Prazosin HCL	Capsules	1 mg 2 mg 5 mg	ea ea ea		
Propranolol HCL	Injection	1 mg/ml, 1 ml	ml		
	Tablets	10 mg 20 mg 40 mg 60 mg 80 mg 90 mg	ea ea ea ea ea ea		
	Liquid	4 mg/ml 8 mg/ml	ml ml		
	Liquid *	4.28 mg/ml	ml		* Restricted to use in the treatment of proliferating infantile hemangioma.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
(continued)	Extended-Release Capsules	60 mg 80 mg 120 mg 160 mg	ea ea ea ea		
Propranolol HCL/ Hydrochlorothiazide	Tablets	40 mg/25 mg 80 mg/25 mg	ea ea		
Quinapril HCL	Tablets	5 mg 10 mg 20 mg 40 mg	ea ea ea ea		
Quinapril and Hydrochlorothiazide	Tablets	10 mg-12.5 mg 20 mg-12.5 mg 20 mg-25 mg	ea ea ea		
Ramipril	Capsules	1.25 mg 2.5 mg 5 mg 10 mg	ea ea ea ea		
Sacubitril-Valsartan	Tablets	24 mg-26 mg 49 mg-51 mg 97 mg-103 mg	ea ea ea		
Sildenafil Citrate *	Tablets	20 mg	ea		* Restricted to use for pulmonary arterial hypertension. * Restricted to members that are 21 years of age and younger for the reconstituted suspension only.
	Reconstituted Suspension *	10 mg/ml	ml	AL	

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
Telmisartan	Tablets	20 mg 40 mg 80 mg	ea ea ea		
Telmisartan and Hydrochlorothiazide	Tablets	40 mg/12.5 mg 80 mg/12.5 mg 80 mg/25 mg	ea ea ea		
Terazosin Hydrochloride	Refer to: Prostate Agents				
Timolol Maleate	Tablets	5 mg 10 mg 20 mg	ea ea ea		
Trandolapril	Tablets	1 mg 2 mg 4 mg	ea ea ea		
Triamterene and Hydrochlorothiazide	Refer to: Vasodilating Agents				
Valsartan	Tablets	40 mg 80 mg 160 mg 320 mg	ea ea ea ea		
Valsartan/ Hydrochlorothiazide	Tablets	80 mg-12.5 mg 160 mg-12.5 mg 160 mg-25 mg 320 mg-12.5 mg 320 mg-25 mg	ea ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Antihypertensive (also refer to Diuretics)					
Verapamil HCL	Refer to: Vasodilating Agents				

Diuretics and Cardiovascular: Cardiac Drugs

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Cardiac Drugs					
Amiodarone HCL	Tablets	100 mg 200 mg 400 mg	ea ea ea		
Betaxolol	Tablets	10 mg 20 mg	ea ea		
Captopril	Refer to: Antihypertensive				
Carvedilol	Tablets	3.125 mg 6.25 mg 12.5 mg 25 mg	ea ea ea ea		
Carvedilol Phosphate	Extended-Release Capsules	10 mg 20 mg 40 mg 80 mg	ea ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Cardiac Drugs					
Digoxin	Injections	0.25 mg/ml	ml		
	Tablets	0.125 mg 0.25 mg 0.5 mg	ea ea ea		
	Liquid	0.05 mg/ml	ml		
Enalapril Maleate	Refer to: Antihypertensive				
Flecainide Acetate	Tablets	50 mg 100 mg 150 mg	ea ea ea		
Metoprolol Succinate	Refer to: Antihypertensive				
Metoprolol Tartrate	Refer to: Antihypertensive				
Mexiletine Hydrochloride	Capsules	150 mg 200 mg 250 mg	ea ea ea		
Midodrine HCL	Tablets	2.5 mg 5 mg 10 mg	ea ea ea		
Propafenone HCL	Tablets	150 mg 225 mg 300 mg	ea ea ea		
Propranolol HCL	Refer to: Antihypertensive				

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Cardiac Drugs					
Quinidine Gluconate	Injection	80 mg/ml, 10 ml	ml		
	Long-Acting Tablets	324 mg	ea		
Quinidine Sulfate	Tablets	100 mg 200 mg 300-325 mg	ea ea ea		
	Tablets or Capsules		ea		
Ranolazine	Extended-Release Tablets	500 mg 1000 mg	ea ea		
Sotalol HCL	Oral Solution *	5 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
	Tablets	80 mg 120 mg 160 mg 240 mg	ea ea ea ea		
Sotalol HCL AF	Tablets	80 mg 120 mg 160 mg	ea ea ea		
Timolol Maleate	Refer to: Antihypertensive				

Diuretics and Cardiovascular: Diuretics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Diuretics					
Acetazolamide	Refer to: Anti-Glaucoma Agents				
Amiloride HCL	Tablets	5 mg	ea		
Amiloride and Hydrochlorothiazide	Tablets	5 mg-50 mg	ea		
Amlodipine Besylate and Olmesartan Medoxomil	Tablets	5 mg-20 mg 5 mg-40 mg 10 mg-20 mg 10 mg-40 mg	ea ea ea ea		
Bumetanide	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		
Chlorothiazide	Oral Suspension	250 mg/5 ml	ml		
Chlorthalidone	Tablets	25 mg 50 mg 100 mg	ea ea ea		
Eplerenone	Tablet	25 mg 50 mg	ea ea		
Ethacrynic Acid	Tablets	25mg	ea		
Finerenone *	Tablets	10 mg 20 mg 40 mg	ea ea ea	LR	* Restricted to NDC labeler code 50419 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Diuretics					
Furosemide	Injection	10 mg/ml	ml		
	Tablets	20 mg 40 mg 80 mg	ea ea ea		
	Liquid	10 mg/ml, 60 ml 10 mg/ml, 120 ml	ml ml		
	Solution	40 mg/5 ml	ml		
Hydrochlorothiazide	Capsules	12.5 mg	ml		
	Tablets	12.5 mg 25 mg 50 mg 100 mg	ea ea ea ea		
	Oral Suspension	10 mg/ml	ml		
Indapamide	Tablets or Capsules	1.25 mg 2.5 mg	ea ea		
Metolazone	Tablets	2.5 mg 5 mg 10 mg	ea ea ea		
Spironolactone	Tablets	25 mg 50 mg 100 mg	ea ea ea		
	Suspension *	25 mg/5 ml	ml	AL	* Restricted to members that are 21 years of age and younger.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Diuretics					
Spironolactone with Hydrochlorothiazide	Tablets	25 mg/25 mg 50 mg/50 mg	ea ea		
Torsemide	Tablets	5 mg 10 mg 20 mg 100 mg	ea ea ea ea		
Triamterene	Capsules	50 mg 100 mg	ea ea		
Triamterene with Hydrochlorothiazide	Capsules	37.5 mg/25 mg 50 mg/25 mg	ea ea		
	Tablets	37.5 mg/25 mg 75 mg/50 mg	ea ea		

Diuretics and Cardiovascular: Vasodilating Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Vasodilating Agents					
Diltiazem HCL	Tablets	30 mg 60 mg 90 mg 120 mg	ea ea ea ea		
	Long-Acting Tablets or Capsules	60 mg 90 mg 120 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Vasodilating Agents					
(continued)	Once-a-Day Tablets or Capsules	120 mg 180 mg 240 mg 300 mg 360 mg 420 mg	ea ea ea ea ea ea		
Isosorbide Dinitrate	Tablets	5 mg 10 mg 20 mg 30 mg 40 mg	ea ea ea ea ea		
Isosorbide Dinitrate and Hydralazine Hydrochloride	Tablets	20 mg-37.5 mg	ea		
Isosorbide Mononitrate	Extended-Release Tablets	30 mg 60 mg 120 mg	ea ea ea		
	Tablets	10 mg 20 mg	ea ea		
Nicardipine HCL	Capsules	20 mg 30 mg	ea ea		
Nifedipine	Capsules	10 mg 20 mg	ea ea		
	Long-Acting Tablets or Capsules	30 mg 60 mg 90 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Diuretics and Cardiovascular: Vasodilating Agents					
Nitroglycerin (Glyceryl Trinitrate)	Sublingual Tablets (No Long-Acting Forms)	0.15 mg 0.3 mg 0.4 mg 0.6 mg	ea ea ea ea		
	Ointment	2%, 20 gm 2%, 30 gm 2%, 60 gm	gm gm gm		
	Lingual Spray	400 mcg/spray, 12 gm	gm		
Verapamil HCL	Tablets	40 mg 80 mg 120 mg	ea ea ea		
	Long-Acting Tablets or Capsules	120 mg 180 mg 240 mg	ea ea ea		
	Injection	5 mg/2 ml ampule 10 mg/4 ml ampule 5 mg/2 ml vial 10 mg/4 ml vial	ml ml ml ml		

Expectorants and Cough Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Expectorants and Cough Preparations					
Benzonatate	Capsules	100 mg 200 mg	ea ea		
Brompheniramine Maleate with Pseudoephedrine HCL and Dextromethorphan *	Syrup	2-30-10 mg/5 ml	ml	AL	* Restricted to individuals 2 years of age and older.
Guaifenesin with Codeine *	Liquid	100 mg-10 mg/ 5 ml	ml	AL, QL	* Restricted to individuals 18 years of age and older. Refer to the *Controlled Substance Policy* section for drug-specific limitations.
Potassium Iodide Saturated Solution (S.S.K.I.)	Liquid		ml		
Promethazine with Codeine *	Oral Liquid Dosage Forms		ml	AL, QL	* Restricted to individuals 18 years of age and older. Refer to the *Controlled Substance Policy* section for drug-specific limitations.
Promethazine with Dextromethorphan *	Oral Liquid Dosage Forms		ml	AL	* Restricted to individuals 2 years of age and older.

Fat Emulsions

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Fat Emulsions					
SMOFlipid	Emulsion	20%	ml		

Gallstone Dissolving Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gallstone Dissolving Agent					
Ursodiol	Capsules	300 mg	ea		
	Tablets	250 mg 500 mg	ea ea		

Gastro-Intestinal Drugs: Anti-Diarrhea Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Anti-Diarrhea Agents					
Bismuth Subsalicylate					
Diphenoxylate HCL with Atropine Sulfate *	Tablets	2.5 mg	ea		* Refer to the *Controlled Substance Policy* section for drug-specific limitations.
	Liquid	2.5 mg/5 ml	ml		
Loperamide HCL	Capsules	2 mg	ea		

Gastro-Intestinal Drugs: Anti-Inflammatory Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Anti-Inflammatory Agents					
Balsalazide Disodium	Capsules	750 mg	ea		
Sulfasalazine	Tablets	0.5 gm	ea		
Mesalamine	Tablets	1.2 gm	ea		
	Extended-Release Capsules *	250 mg 500 mg	ea ea	LR	* Restricted to NDC labeler code 54092 only.

Gastro-Intestinal Drugs: Bile Acid Modifier

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Bile Acid Modifier					
Ursodiol	Refer to: Gallstone Dissolving Agent				

Gastro-Intestinal Drugs: Digestant Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Digestant Preparations					
Creon (Lipase/Protease/ Amylase) *	Delayed-Release Capsules	3,000 USP units of lipase; 9,500 USP units of protease; 15,000 USP units of amylase	ea	LR	* Restricted to use in patients with cystic fibrosis, pancreatectomy, diseases of the pancreas, or exocrine pancreatic insufficiency (EPI). Also restricted to NDC labeler code 00032 only.
		6,000 USP units of lipase; 19,000 USP units of protease; 30,000 USP units of amylase	ea		
		12,000 USP units of lipase; 38,000 USP units of protease; 60,000 USP units of amylase	ea		
		24,000 USP units of lipase; 76,000 USP units of protease; 120,000 USP units of amylase	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Digestant Preparations					
(continued)		36,000 USP units of lipase; 114,000 USP units of protease; 180,000 USP units of amylase	ea		
Zenpep (Lipase/Protease/ Amylase) *	Delayed-Release Capsules	3,000 USP units of lipase; 10,000 USP units of protease; 14,000 USP units of amylase 5,000 USP units of lipase; 17,000 USP units of protease; 24,000 USP units of amylase 10,000 USP units of lipase; 32,000 USP units of protease; 42,000 USP units of amylase	ea ea ea	LR	* Restricted to use in patients with cystic fibrosis, pancreatectomy, diseases of the pancreas, or EPI. Also restricted to NDC labeler code 73562 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Digestant Preparations					
(continued)		15,000 USP units of lipase; 47,000 USP units of protease; 63,000 USP units of amylase	ea		
		20,000 USP units of lipase; 63,000 USP units of protease; 84,000 USP units of amylase	ea		
		25,000 USP units of lipase; 79,000 USP units of protease; 105,000 USP units of amylase	ea		
		40,000 USP units of lipase; 126,000 USP units of protease; 168,000 USP units of amylase	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Digestant Preparations					
(continued)		60,000 USP units of lipase; 189,600 USP units of protease; 252,600 USP units of amylase	ea		

Gastro-Intestinal Drugs: G.I. Stimulant

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: G.I. Stimulant					
Metoclopramide HCL	Tablets	5 mg 10 mg	ea ea		
	Syrup	5 mg/5 ml	ml		
	Injection	5 mg/1 ml	ml		

Gastro-Intestinal Drugs: H/K ATPase Enzyme System Inhibitors

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: H/K ATPase Enzyme System Inhibitors					
Esomeprazole Magnesium	Delayed-Release Capsules	20 mg 40 mg	ea ea		
	Packets *	2.5 mg 5 mg 10 mg 20 mg 40 mg	ea ea ea ea ea	AL	* Restricted to members that are 21 years of age and younger.
Lansoprazole	Delayed-Release Capsules	15 mg 30 mg	ea ea		
	Disintegrating Delayed-Release Tablets *	15 mg 30 mg	ea ea	AL	* Restricted to members that are 21 years of age and younger.
Omeprazole	Delayed-Release Capsules	10 mg 20 mg 40 mg	ea ea ea		
Pantoprazole Sodium	Delayed-Release Tablets	20 mg 40 mg	ea ea		
Rabeprazole Sodium	Delayed-Release Tablets	20 mg	ea		

Gastro-Intestinal Drugs: Heliobacter Pylori Treatment

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Heliobacter Pylori Treatment					
Bismuth Subcitrate Potassium/Metronidazole/ Tetracycline HCL	Capsules	140 mg/125 mg/ 125 mg	ea		
Omeprazole/Amoxicillin/ Rifabutin *	Delayed-Release Capsules	10 mg/250 mg/ 12.5 mg	ea	LR	* Restricted to NDC labeler code 57841 only.

Gastro-Intestinal Drugs: Histamine H2-Receptor Antagonists

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Histamine H2-Receptor Antagonists					
Cimetidine	Liquid	300 mg/5 ml	ml		
	Tablets or Capsules	200 mg 300 mg 400 mg 800 mg	ea ea ea ea		
Famotidine	Tablets	20 mg 40 mg	ea ea		
	Oral Suspension	40 mg/5 ml	ml		
Nizatidine	Capsules	150 mg 300 mg	ea ea		

Gastro-Intestinal Drugs: Laxatives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Laxatives					
Bisacodyl EC	Delayed-Release Tablets	5 mg	ea		
Linaclotide *	Capsules	72 mcg 145 mcg 290 mcg	ea ea ea	LR	* Restricted to NDC labeler code 00456 only.
Naloxegol Oxalate *	Tablets	12.5 mg 25 mg	ea ea	LR	* Restricted to use in the treatment of opioid-induced constipation in patients with chronic pain. Also restricted to NDC labeler code 82625 only.
Polyethylene Glycol 3350	Powder	238 gm 510 gm	gm		
Polyethylene Glycol 3350 and Electrolytes	Solution	4000 ml	ml		
Polyethylene Glycol 3350/ Sodium Sulfate/Potassium Chloride/Magnesium Sulfate/Sodium Chloride *	Powder for Oral Solution		ea	LR	* Restricted to NDC labeler codes 52268 and 24338 only.
Sodium Sulfate/Potassium Chloride/Magnesium Sulfate *	Tablets		ea	LR	* Restricted to NDC labeler codes 52268 and 24338 only.

Gastro-Intestinal Drugs: Prostaglandin Analog

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Prostaglandin Analog					
Misoprostol	Tablets	100 mcg 200 mcg	ea ea		

Gastro-Intestinal Drugs: Ulcer Adherent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gastro-Intestinal Drugs: Ulcer Adherent					
Sucralfate	Tablets	1 gm	ea		
	Liquid	1 gm/10 ml	ml		

Genetic Treatments

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Genetic Treatments					
Exagamglogene Autotemcel (Casgevy)	Intravenous Vial		ea		**Note:** Exagamglogene autotemcel (Casgevy) is not a pharmacy benefit and should be billed on a medical claim.
Lovotibeglogene Autotemcel (Lyfgenia)	Intravenous Suspension		ea		**Note:** Lovotibeglogene autotemcel (Lyfgenia) is not a pharmacy benefit and should be billed on a medical claim.

Gold Compounds

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gold Compounds					
Auranofin	Capsules	3 mg	ea		

Gonadotropin-Releasing Hormones Combinations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gonadotropin-Releasing Hormones Combinations					
Elagolix Sodium *	Tablets	150 mg 200 mg	ea ea	LR	* Restricted to the management of pain associated with endometriosis. Also restricted to NDC labeler code 00074 only.
Elagolix, Estradiol and Norethindrone Acetate *	Capsule Packet	28 x 300 mg and 28 x 300 mg/ 1 mg/0.5 mg	ea	LR	* Restricted to the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopause. Also restricted to NDC labeler code 00074 only.
Leuprolide Acetate	Syringe Kit (Fensolvi®) *	45 mg	ea	AL, LR	* Restricted to patients 2-17 years of age with central precocious puberty for Fensolvi® only. Also restricted to NDC labeler code 62935 only.
	1-Month Syringe Kit (Lupron Depot-Ped®) *	7.5 mg 11.25 mg 15 mg	ea ea ea	LR	* Restricted to patients with central precocious puberty for Lupron Depot-Ped®. Also restricted to NDC labeler code 00074 only.
	3-Month Syringe Kit (Lupron Depot-Ped®) *	11.25 mg 30 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Gonadotropin-Releasing Hormones Combinations					
(continued)	6-Month Syringe Kit (Lupron Depot-Ped®) *	45 mg	ea		
Relugolix/Estradiol/ Norethindrone Acetate *	Tablets	28 x 40 mg/ 1 mg/0.5 mg	ea	LR	* Restricted to NDC labeler code 72974 only.
Triptorelin Pamoate *	Kit	22.5 mg	ea	LR	* Restricted to NDC labeler code 24338 for the kit only.

Hemorheologic Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hemorheologic Agents					
Cilostazol	Tablets	50 mg 100 mg	ea ea		
Pentoxifylline	Extended-Release Tablets	400 mg	ea		

Hormones: Androgens

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Androgens					
Methyltestosterone *	Tablets	10 mg 25 mg	ea ea	QL	* Restricted to the treatment of primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), delayed puberty, or metastatic mammary cancer. Refer to the *Controlled Substance Policy* section for drug-specific limitations.
Testosterone	Refer to: Anti-Neoplastics				

Hormones: Contraceptives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Copper Intrauterine Device	Carton	1 unit	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Desogestrel and Ethinyl Estradiol *	Tablets	0.15 mg – 30 mcg Tablets from 21 Tablet Packet Tablets from 28 Tablet Packet	ea ea	QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. **Note:** Payment limited to a minimum dispensing quantity of three cycles. Refer to CCR, Title 22, Section 51513(b)(4), regarding exceptions.
	Tablets from the 21/2/5 Combination Packet (28 Tablets/Packet)	21 x 0.15 mg Desogestrel/ 0.02 mg ethinyl estradiol 2 x inert 5 x 0.01 mg ethinyl estradiol	ea		
	Tablets from 7/7/7 Combination Packet (28 Tablets/Packet)	7 x 0.100 mg/ 0.025 mg 7 x 0.125 mg/ 0.025 mg 7 x 0.150 mg/ 0.025 mg 7 x inert	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Drospirenone/ Ethinyl estradiol/ Levomefolate Calcium *	Tablets	28 tablets/packet 24x3 mg/0.02mg/ 0.451 mg 4x0.451 mg Levomefolate Calcium 28 tablets/packet 21x3 mg/0.03mg/ 0.451 mg 7x0.451 mg Levomefolate Calcium		QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year.
Estradiol Valerate/ Dienogest *	Tablets	28 tablets/packet 2x3 mg Estradiol Valerate 5x2 mg/2 mg 17x2 mg/3 mg 2x1 mg Estradiol Valerate 2 x inert	ea	LR, QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. Also restricted to NDC labeler code 50419 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Ethinyl Estradiol/ Drospirenone *	Tablets	0.03 mg-3 mg 0.02 mg-3 mg	ea	QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year.
Ethynodiol Diacetate and Ethinyl Estradiol *	Tablets	1 mg-35 mcg, Tablets from 21-Tablet Packet 1 mg-35 mcg, Tablets from 28-Tablet Packet 1 mg-50 mcg, Tablets from 21-Tablet Packet 1 mg-50 mcg, Tablets from 28-Tablet Packet	ea ea ea ea	QL	* Ethynodiol Diacetate and Ethinyl Estradiol are restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on a continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. **Note:** Payment limited to a minimum dispensing quantity of three cycles. Refer to CCR, Title 22, Section 51513(b)(4) regarding exceptions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Etonogestrel and Ethinyl Estradiol *	Vaginal Ring	0.120 mg-0.015 mg	ea	QL	* Etonogestrel and Ethinyl Estradiol are restricted to a maximum dispensing quantity of up to 18 rings per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive vaginal rings may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year.
Lactic Acid, Citric Acid and Potassium Bitartrate *	Vaginal Gel		gm	LR, QL	* Restricted to one box (12 single-use applicators) per dispensing and limited to three dispensings per any 75-day period. Also restricted to NDC labeler code 69751 only.
Levonorgestrel	System	17.5 mcg/24 hr (19.5 mg), 1 unit	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Levonorgestrel and Ethinyl Estradiol *	Tablets	0.1 mg-20 mcg, Tablets from 21 Tablet Packet 0.1 mg-20 mcg, Tablets from 28 Tablet Packet 0.15 mg-30mcg, Tablets from 21 Tablet Packet 0.15 mg-30mcg, Tablets from 28 Tablet Packet 0.15 mg-30mcg, Tablets from 91 Tablet Packet	ea	QL	* Levonorgestrel and Ethinyl Estradiol are restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. **Note:** Payment limited to a minimum dispensing quantity of three cycles. Refer to CCR, Title 22, Section 51513(b)(4) regarding exceptions.
	Tablets from 6/5/10 Combination Packet (21 Tablets/Packet)	6x0.05mg/30 mcg 5 x 0.075 mg/ 40 mcg 10 x 0.125 mg/30 mcg	ea		
	Tablets from 6/5/10 Combination Packet (28 Tablets/Packet)	6x0.05mg/30 mcg 5 x 0.075 mg/ 40 mcg 10 x 0.125 mg/30 mcg7 x inert	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
(continued)	Transdermal Patch *	120 mcg/30 mcg	ea	LR, QL	* Restricted to a maximum dispensing quantity of up to 54 patches per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive patches may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. Also restricted to NDC labeler code 71671 only.
Levonorgestrel and Ethinyl Estradiol/Ethinyl Estradiol *	Tablets	0.1-0.02-0.01 mg 0.15-0.03-0.01 mg	ea ea	QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Norelgestromin and Ethinyl Estradiol *	Transdermal Patch	150 mcg /35 mcg	ea	QL, LR	* Norelgestromin and Ethinyl Estradiol are restricted to a maximum dispensing quantity of up to 54 patches per client. The maximum quantity is intended for clients on a continuous cycle. A 12-month supply of the same product of contraceptive patches may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. Also restricted to NDC labeler code 00378 only.
Norethindrone *	Tablets	0.35 mg Tablets from 28 Tablet Packet 0.35 mg Tablets from 42 Tablet Packet	ea ea	QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. **Note:** Payment limited to a minimum dispensing quantity of three cycles. Refer to CCR, Title 22, Section 51513(b)(4) regarding exceptions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Norethindrone and Ethinyl Estradiol *	Tablets	0.4 mg-35 mcg Tablets from 21 Tablet Packet 0.4 mg-35 mcg Tablets from 28 Tablet Packet 0.5 mg-35 mcg Tablets from 21 Tablet Packet 0.5 mg-35 mcg Tablets from 28 Tablet Packet 1 mg-35mcg Tablets from 21 Tablet Packet 1 mg-35 mcg Tablets from 28 Tablet Packet	ea ea ea ea ea ea	QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. **Note:** Payment limited to a minimum dispensing quantity of three cycles. Refer to CCR, Title 22, Section 51513(b)(4) regarding exceptions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
(continued)	Tablets from 7/7/7 Combination Packet Tablets from 21 Tablet Packet Tablets from 28 Tablet Packet	7x0.5 mg/35 mcg 7x0.75 mg/35mcg 7x1.0 mg/35 mcg	ea		
	Tablets from 7/9/5 Combination Packet Tablets from 21 Tablet Packet Tablets from 28 Tablet Packet	7x0.5 mg/35 mcg 9x1.0 mg/35 mcg 5x0.5 mg/35 mcg	ea		
Norethindrone/Ethinyl Estradiol/Iron *	Tablets	1 mg-0.02 mg 1.5 mg-30 mcg	ea ea	QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Norgestimate and Ethinyl Estradiol (Lo) *	Tablets	7x0.18 mg/ 25 mcg 7x0.215 mg/ 25 mcg 7x0.25 mg/ 25 mcg	ea ea ea	QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year.
Norgestimate and Ethinyl Estradiol *	Tablets from 7/7/7 (Tri-Phasic) Combination Packet (21 Tablets/Packet)	7x0.180 mg/35 mcg 7x0.215 mg/35 mcg 7x0.250 mg/35 mcg	ea	QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. **Note:** Payment limited to a minimum dispensing quantity of three cycles. Refer to CCR, Title 22, Section 51513(b)(4) regarding exceptions.
	Tablets from 7/7/7 (Tri-Phasic) Combination Packet (28 Tablets/Packet)	7x0.180 mg/35 mcg 7x0.215 mg/35 mcg 7x0.250 mg/35 mcg 7 inert	ea		
	Tablets from Monophasic Packet (28 Tablets/Packet)	21x0.25 mg/35 mcg 7 inert	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Norgestrel and Ethinyl Estradiol *	Tablets	0.3 mg-30 mcg Tablets from 21 tablet packet 0.3 mg-30 mcg Tablets from 28 tablet packet	ea ea	QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. **Note:** Payment limited to a minimum dispensing quantity of three cycles. Refer to CCR, Title 22, Section 51513(b)(4) regarding exceptions.
Segesterone Acetate and Ethinyl Estradiol *	Vaginal Ring	103 mg-17.4 mg	ea	LR, QL	* Restricted to NDC labeler codes 50261 and 68308. Also restricted to a maximum quantity of 1 ring per dispensing. The maximum quantity is intended for members on a continuous cycle. Restricted to a maximum of two dispensings in a 12-month period. A PA is required for a third dispensing of the same product requested within a 12-month period.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Contraceptives					
Ulipristal Acetate *	Tablets	30 mg	each	QL	* Restricted to a maximum quantity of one tablet per dispensing with a maximum of six dispensings in any 12-month period.

Hormones: Estrogens and Combinations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Estrogens and Combinations					
Estradiol	Gel Packets	0.1%	ea/gm		
	Tablets	0.5 mg 1 mg 2 mg	ea ea ea		
	Transdermal System Once-Weekly Patch	0.025 mg/24 hr 0.0375 mg/24 hr 0.05 mg/24 hr 0.06 mg/24 hr 0.075 mg/24 hr 0.1 mg/24 hr	ea ea ea ea ea ea		
	Transdermal System Twice-Weekly Patch	0.025 mg/24 hr 0.0375 mg/24 hr 0.05 mg/24 hr 0.075 mg/24 hr 0.1 mg/24 hr	ea ea ea ea ea		
	Vaginal Cream	0.01%	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Estrogens and Combinations					
(continued)	Vaginal Ring *	2 mg	ea	LR	* Vaginal rings are restricted to NDC labeler code 00013 only.
Estradiol/Levonorgestrel *	Patch	0.045 mg-0.015 mg/24 hr	ea	LR	* Restricted to NDC labeler code 50419 only.
Estradiol/Norethindrone Acetate	Patches *	0.05 mg-0.14 mg/24 hr 0.05 mg-0.25 mg/24 hr	ea ea	LR	* Restricted to NDC labeler code 68968 only.
	Tablets	0.5 mg-0.1 mg 1 mg-0.5 mg	ea ea		
Estrogens, Conjugated *	Tablets	0.3 mg 0.45 mg 0.625 mg 0.9 mg 1.25 mg	ea ea ea ea ea	LR	* Restricted to NDC labeler code 00046 only.
	Vaginal Cream	Tube-refill Tube with applicator	gm gm		
Estrogens, Conjugated and Medroxyprogesterone Acetate (Premphase) *	Tablets	0.625 mg (14) – 0.625-5 mg (14)	ea	LR	* Restricted to NDC labeler code 00046 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Estrogens and Combinations					
Estrogens, Conjugated and Medroxyprogesterone Acetate (Prempro) *	Tablets	0.3 mg-1.5 mg Tablets from 28-tablet package 0.45 mg-1.5 mg Tablets from 28-tablet package 0.625 mg-2.5 mg Tablets from 28-tablet package 0.625 mg-5 mg Tablets from 28-tablet package	ea ea ea ea	LR	* Restricted to NDC labeler code 00046 only.
Estrogens, Esterified	Tablets or Capsules	0.3 mg 0.625 mg 1.25 mg 2.5 mg	ea ea ea ea		

Hormones: Glucocorticoids

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Glucocorticoids					
Budesonide EC	Capsule	3 mg	ea		
Cortisone	Injection	50 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Glucocorticoids					
Dexamethasone	Liquid Drops	1 mg/ml	ml		
	Elixir	0.5 mg/5 ml	ml		
	Solution	0.5 mg/5 ml	ea		
	Tablets	0.5 mg 0.75 mg 1.0 mg 1.5 mg 2.0 mg 4.0 mg 6.0 mg	ea ea ea ea ea ea ea		
	Injection	4 mg/ml	ml		
	Ophthalmic Ointment	0.05% 0.1%	gm		
	Ophthalmic Solution		ml		
Dexamethasone Intensol	Drops	1 mg/ml	ml		
Fludrocortisone Acetate	Tablets	0.1 mg	ea		
Hydrocortisone	Injection	25 mg/ml, 5 ml 25 mg/ml, 10 ml 50 mg/ml, 5 ml 50 mg/ml, 10 ml	ml ml ml ml		
	Tablets	5 mg 10 mg 20 mg	ea ea ea		
	Suppository	25 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Glucocorticoids					
(continued)	Rectal Foam, Aerosol with Rectal Applicator	10%	gm		
	Retention Enema	100 mg/60 ml, 60 ml	ml		
	Topical Cream	1% 2.5%	gm gm		
	Lotion	1% 2.5%	ml ml		
	Ointment	1% 2.5%	gm gm		
Hydrocortisone Sodium Succinate (PF)	ACT-O-VIAL	100 mg/2 ml	ml		
Methylprednisolone	Dosepak	4 mg	ea		
	Tablets	4 mg	ea		
Prednisolone	Injection	20 mg/ml, 2 ml 20 mg/ml, 5 ml 20 mg/ml, 10 ml 25 mg/ml, 10 ml 25 mg/ml, 30 ml	ml ml ml ml ml		
	Tablets	5 mg	ea		
	Liquid	5 mg/5 ml 15 mg/5 ml	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Glucocorticoids					
Prednisolone Sodium Phosphate	Orally Disintegrating Tablets	10 mg 15 mg 30 mg	ea ea ea		
	Solution	15 mg/5 ml	ml		
Prednisone	Tablets	1 mg 2.5 mg 5 mg 10 mg 20 mg 50 mg	ea ea ea ea ea ea		
Triamcinolone	Intralesional	25 mg/ml	ml		
	Parenteral	10 mg/ml, 5 ml 40 mg/ml, 1 ml 40 mg/ml, 5 ml	ml ml ml		**Note:** Parenteral formulation does not include intraocular route of administration.
	Cream (Low-Sensitizing Base Excluded)	0.025% 0.1% 0.5%	gm gm gm		
	Ointment (Low-Sensitizing Base Excluded)	0.025% 0.1% 0.5%	gm gm gm		
	Lotion	0.025%, 60 ml	ml		
	Aerosol Inhaler with Adapter	20 gm	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Glucocorticoids					
(continued)	Nasal Spray	55 mcg/actuation, 16.9 ml	ml		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
	Paste	0.1%	gm		

Hormones: Hypoglycemics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Acarbose	Tablets	25 mg 50 mg 100 mg	ea		
Alogliptin Benzoate	Tablets	6.25 mg 12.5 mg 25 mg	ea ea ea		
Alogliptin Benzoate/ Metformin HCL	Tablets	12.5 mg/500 mg 12.5 mg/1000 mg	ea ea		
Alogliptin Benzoate/ Pioglitazone	Tablets	12.5 mg/15 mg 12.5 mg/30 mg 12.5 mg/45 mg 25 mg/15 mg 25 mg/30 mg 25 mg/45 mg	ea ea ea ea ea ea		
Canagliflozin *	Tablets	100 mg 300 mg	ea ea	LR	* Restricted to NDC labeler code 50458 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Dapagliflozin Propanediol *	Tablets	5 mg 10 mg	ea ea	LR	* Restricted to NDC labeler code 00310 only.
Dapagliflozin Propanediol/Metformin HCL Extended-Release *	Tablets	2.5 mg/1000 mg 5 mg/500 mg 5 mg/1000 mg 10 mg/500 mg 10 mg/1000 mg	ea ea ea ea ea	LR	* Restricted to NDC labeler code 00310 only.
Dulaglutide *	Pen for Injection	0.75 mg/0.5 ml 1.5 mg/0.5 ml 3 mg/0.5 ml 4.5 mg/0.5 ml	ml ml ml ml	LR	* Restricted to use in patients with type 2 diabetes mellitus and NDC labeler code 00002 only.
Empagliflozin *	Tablets	10 mg 25 mg	ea ea	LR	* Restricted to NDC labeler code 00597 only.
Empagliflozin/Linagliptin *	Tablets	10 mg/5 mg 25 mg/5 mg	ea ea	LR	* Restricted to NDC labeler code 00597 only.
Empagliflozin/Linagliptin/ Metformin HCL *	Tablets	5 mg/2.5 mg/ 1000 mg 10 mg/5 mg/ 1000 mg 12.5 mg/2.5 mg/ 1000 mg 25 mg/5 mg/ 1000 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00597 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Empagliflozin/ Metformin HCL *	Tablets	5 mg/500 mg 5 mg/1000 mg 12.5 mg/500 mg 12.5 mg/1000 mg	ea ea ea ea	LR	* Restricted to NDC labeler code 00597 only.
	Tablets, Extended-Release	5 mg/1000 mg 10 mg/1000 mg 12.5 mg/1000 mg 25 mg/1000 mg	ea ea ea ea		
Exenatide *	Pre-Filled Pen for Injection	250 mcg/ml, 1.2 ml 250 mcg/ml, 2.4 ml	ml ml		* Restricted to use in the treatment of type 2 diabetes mellitus for the Pre-Filled Injectable Pen.
	Extended-Release Auto-Injector Pen	2 mg/pen, 0.85 ml	ml	LR	* Restricted to use in the treatment of type 2 diabetes mellitus and NDC labeler code 00310 only for the Extended-Release Auto-Injector Pen.
Glimepiride	Tablets	1 mg 2 mg 4 mg	ea ea ea		
Glipizide	Tablets	5 mg 10 mg	ea ea		
	Long-Acting Tablets	2.5 mg 5 mg 10 mg	ea ea ea		
Glipizide and Metformin HCL	Tablets	2.5 mg/250 mg 2.5 mg/500 mg 5 mg/500 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Glyburide	Tablets	1.25 mg 2.5 mg 5 mg	ea ea ea		
	Micronized Tablets	1.5 mg 3 mg 6 mg	ea ea ea		
Glyburide and Metformin HCL	Tablets	1.25 mg/250 mg 2.5 mg/500 mg 5 mg/500 mg	ea ea ea		
Insulin Glargine (rDNA Origin) *	Vial	100 units/ml, 10 ml	ml	LR	* Restricted to NDC labeler codes 00088, 00002, and 49502 only. **Effective August 9, 2026:** NDC labeler code 00002 removed. **Note:** Prefilled Pen does not include Tempo® Pen.
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Glargine-YFGN *	Vial	100 units/ml, 10 ml	ml	LR	* Restricted to NDC labeler codes 49502 and 83257 only.
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Aspart *	Cartridge	100 units/ml, 3 ml x 5	ml	LR	* Restricted to NDC labeler codes 00169 and 73070 only.
	Vial	100 units/ml, 10 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
(continued)	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Aspart (niacinamide) *	Cartridge	100 units/ml, 3 ml x 5	ml	LR	* Restricted to NDC labeler code 00169 only.
	Vial	100 units/ml, 10 ml	ml		
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Aspart Protamine Suspension/Insulin Aspart, (rDNA Origin) *	Vial, Insulin Aspart Protamine 70% and Insulin Aspart 30%	100 units/ml, 10 ml	ml	LR	* Restricted to NDC labeler codes 00169 and 73070 only.
	Prefilled Pen, Insulin Aspart Protamine 70% and Insulin Aspart 30%	100 units/ml, 3 ml x 5	ml		
Insulin Degludec *	Vial	100 units/ml	ml	LR	* Restricted to NDC labeler code 00169 only.
	Prefilled Pen	100 units/ml, 3 ml x 5 200 units/ml, 3 ml x 3	ml ml		
Insulin Detemir (rDNA Origin) *	Vial	100 units/ml	ml	LR	* Restricted to NDC labeler code 00169 only.
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Insulin Lispro (rDNA Origin) *	Cartridge	100 units/ml, 3 ml x 5	ml	LR	* Restricted to NDC labeler codes 00002, 00024, and 66733 only. **Note:** Prefilled Pen does not include Tempo® Pen.
	Vial	100 units/ml, 3 ml 10 ml	ml ml		
	Prefilled Pen	100 units/ml, 3 ml x 5	ml		
Insulin Lispro Protamine/Insulin Lispro (rDNA Origin) *	Vial, Insulin Lispro Protamine 75% and Insulin Lispro 25%	100 units/ml, 10 ml	ml	LR	* Restricted to NDC labeler code 00002 only.
	Prefilled Pen, Insulin Lispro Protamine 75% and Insulin Lispro 25%	100 units/ml, 3 ml X 5	ml		
	Prefilled Pen, Insulin Lispro Protamine 50% and Insulin Lispro 50%	100 units/ml, 3 ml X 5	ml		
Insulin Regular, Human (rDNA Origin)	Vial	500 units/ml, 20 ml	ml		
	Prefilled Pen	500 units/ml, 3 ml X 2	ml		
Linagliptin *	Tablets	5 mg	ea	LR	* Restricted to NDC labeler code 00597 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Linagliptin/Metformin HCL *	Tablets	2.5 mg/500 mg 2.5 mg/850 mg 2.5 mg/1000 mg	ea ea ea	LR	* Restricted to NDC labeler code 00597 only.
	Extended-Release Tablets	2.5 mg/1000 mg 5 mg/1000 mg	ea ea		
Liraglutide (Victoza) *	Prefilled Pen	18 mg/3 ml	ml	LR	* Restricted to use in improving glycemic control in patients with type 2 diabetes mellitus and NDC labeler code 00169 only.
Metformin HCL	Tablets	500 mg 850 mg 1000 mg	ea ea ea		
	Extended-Release Tablets (SCOT delivery system)	500 mg 1000 mg	ea ea		
	Extended-Release Tablets (GR drug delivery system)	500 mg	ea		
	Extended-Release Tablets	500 mg 750 mg	ea ea		
	Oral Solution	100 mg/ml	ml		
Miglitol	Tablets	25 mg 50 mg 100 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Nateglinide	Tablets	60 mg 120 mg	ea ea		
Pioglitazone HCL	Tablets	15 mg 30 mg 45 mg	ea ea ea		
Pioglitazone HCL/ Glimepiride	Tablets	30 mg/2 mg 30 mg/4 mg	ea ea		
Pioglitazone HCL/ Metformin HCL	Tablets	15 mg/500 mg 15 mg/850 mg	ea ea		
Pramlintide Acetate *	60 Pen Injector	1.5 ml	ml	LR	* Restricted to use in the treatment of type 2 diabetes mellitus and NDC labeler code 00310 only.
	120 Pen Injector	2.7 ml	ml		
Saxagliptin HCL	Tablets	2.5 mg 5 mg	ea ea		
Saxagliptin HCL/ Metformin HCL Extended-Release	Tablets	2.5 mg/1,000 mg 5 mg/500 mg 5 mg/1,000 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Semaglutide (Ozempic) *	Prefilled Pen	0.25-0.5 mg/dose (2 mg/1.5 ml) 0.25-0.5 mg/dose (2 mg/3 ml) 1 mg/dose (2 mg/1.5 ml) 1 mg/dose (4 mg/3 ml) 2 mg/dose (8 mg/3 ml)	ml ml ml ml ml	LR	* Restricted to use in improving glycemic control in patients with type 2 diabetes mellitus and NDC labeler code 00169 only.
	Tablets	1.5 mg 3 mg 4 mg 7 mg 9 mg 14 mg	ea ea ea ea ea ea		
Sitagliptin Phosphate *	Tablets	25 mg 50 mg 100 mg	ea ea ea	LR	* Restricted to NDC labeler code 00006 only.
Sitagliptin Phosphate/ Metformin HCL *	Tablets	50 mg/500 mg 50 mg/1000 mg	ea ea	LR	* Restricted to NDC labeler code 00006 only.
	Extended-Release Tablets	50 mg/500 mg 50 mg/1000 mg 100 mg/1000 mg	ea ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemics					
Tirzepatide (Mounjaro) *	Injection	2.5 mg/0.5 ml 5 mg/0.5 ml 7.5 mg/0.5 ml 10 mg/0.5 ml 12.5 mg/0.5 ml 15 mg/0.5 ml	ml ml ml ml ml ml	LR, QL	* Restricted to 1) use in improving glycemic control in patients with type 2 diabetes mellitus; and 2) maximum quantity of one carton (four single-dose pens) per dispensing and one dispensing every 28 days. Also restricted to NDC labeler code 00002 only.

Hormones: Hypoglycemic Shock

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemic Shock					
Dasiglucagon HCL *	Single-Dose Auto-Injector	0.6 mg/0.6 ml	ml	QL	* Restricted to a maximum of two injections per dispensing and two dispensings in any 90-day period.
	Single-Dose Prefilled Syringe	0.6 mg/0.6 ml	ml		
Glucagon (R-DNA Origin)	Emergency Kit Injection	1 mg/vial	ea		
Glucagon (synthetic)	Nasal Spray *	3 mg	ea	QL, LR	* Restricted to a maximum of two devices per dispensing and two dispensings in any 90-day period for the nasal spray only. Also restricted to NDC labeler code 00548 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Hypoglycemic Shock					
(continued)	Prefilled Auto-Injector *	0.5 mg/0.1 ml 1 mg/0.2 ml	ml ml	QL, LR	* Restricted to a maximum of two injections per dispensing and two dispensings in any 90-day period. Also restricted to NDC labeler code 72065 only.
	Prefilled Syringe *	1 mg/0.2 ml	ml		
	Single-Dose Vial Kit *	1 mg/0.2 ml	ml		

Hormones: Parathyroid

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Parathyroid					
Calcitonin-Salmon	Injection	200 IU/ml	ml		
	Nasal Spray	2200 IU/ml	ml		

Hormones: Pituitary

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Pituitary					
Desmopressin	Injection	4 mcg/ml	ml		
	Nasal Solution or Spray	0.01% 2.5ml 5 ml	ml ml		
	Tablets	0.1 mg 0.2 mg	ea ea		

Hormones: Progestins and Combinations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Progestins and Combinations					
Medroxyprogesterone Acetate	Injection	150 mg/ml	ml		
	Prefilled Syringe for Injection	150 mg/ml	ml		
	Prefilled Syringe	104 mg/0.65 ml	ml		
	Tablets		ea		
Norethindrone	Tablets	5 mg	ea		
Norethindrone Acetate and Ethinyl Estradiol *	Tablets	1 mg-10 mcg/ 2 Fe tablets Tablets from 28 tablet packet	ea	LR, QL	* Restricted to a maximum quantity of up to a 12-month supply per dispensing. The maximum supply is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptive may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year. * The 1 mg to 10 mcg/2 Fe tablets are restricted to NDC labeler code 00430 only. **Note:** Payment limited to a minimum dispensing quantity of three cycles. Refer to CCR, Title 22,
		1 mg-20 mcg Tablets from 21 tablet packet	ea		
		1 mg-20 mcg/ 7 Fe tablets Tablets from 28 tablet packet	ea		
		1.5 mg-30 mcg Tablets from 21 tablet packet	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Progestins and Combinations					
(continued)		1.5 mg-30 mcg/ 7 Fe tablets Tablets from 28 tablet packet	ea	QL	Section 51513(b)(4) regarding exceptions.
	Tablets from 5/7/9 Combination Packet (28 Tablets/Packet)	5 x 1 mg/20 mcg 7 x 1 mg/30 mcg 9 x mg/35 mcg 7 inert	ea	QL	
Progesterone	Injection	50 mg/ml, 10 ml	ml		
	Micronized Capsules	100 mg 200 mg	ea ea		

Hormones: Progesterone Receptor Antagonists

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Progesterone Receptor Antagonists					
Mifepristone	Tablets	200 mg	ea		

Hormones: Thyroid and Antithyroid

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Thyroid and Antithyroid					
Levothyroxine Sodium	Tablets	25 mcg 50 mcg 75 mcg 88 mcg 100 mcg 112 mcg 125 mcg 137 mcg 150 mcg 175 mcg 200 mcg 300 mcg	ea ea ea ea ea ea ea ea ea ea ea ea		
	Solution *	100 mcg/5 ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Liothyronine Sodium	Tablets	5 mcg 25 mcg 50 mcg	ea ea ea		
	Vial	10 mcg/ml	ml		
Methimazole	Tablets	5 mg 10 mg	ea ea		
Propylthiouracil	Tablets	50 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hormones: Thyroid and Antithyroid					
Thyroid, Pork	Tablets	15 mg 16.25 mg 30 mg 32.5 mg 60 mg 65 mg 90 mg 97.5 mg 120 mg 130 mg 180 mg 240 mg 300 mg	ea ea ea ea ea ea ea ea ea ea ea ea ea		

Hypoprolactinemic Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Hypoprolactinemic Agent					
Bromocriptine Mesylate	Tablets or Capsules	2.5 mg 5 mg	ea ea		

Immunomodulators

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Adalimumab (original or citrate free) *	Prefilled Pens or Syringes	10 mg/0.1 ml 20 mg/0.2 ml 40 mg/0.4 ml 40 mg/0.8 ml 80 mg/0.8 ml	ea ea ea ea ea	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum quantity per dispensing of one carton (billing equivalent of two, three, four, or six pens or syringes) per 28-day period. Also restricted to NDC labeler code 00074 only. **Note:** Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. Submit a PA request for the applicable quantity.
	Starter Packages				
	Crohn's-UC-HS Pedi. UC	80 mg/0.8 ml	ea		
	PS-UV-ADOL HS (80 mg/40 mg)	80 mg/0.8 ml and 40 mg/0.4 ml	ea		
Adalimumab-adaz (citrate free) *	Single-Dose Prefilled Pens or Syringes	10 mg/0.1 ml 20 mg/0.2 ml 40 mg/0.4 ml 80 mg/0.8 ml	ml ml ml ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum quantity per dispensing of one carton (two pens or syringes) per 28-day period. Also restricted to NDC labeler code 61314 for the non-brand name NDCs only. **Note:** Listed product does not include brand name Hyrimoz. The billing unit is ml. Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. Submit a PA request for the applicable quantity.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Adalimumab-bwwd (original or citrate free) *	Single-Dose Prefilled Autoinjectors or Syringes	40 mg/0.4 ml 40 mg/0.8 ml	ml ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum quantity per dispensing of two cartons (four autoinjectors or syringes) per 28-day period. Also restricted to NDC labeler code 78206 only. **Note:** The billing unit is ml. Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. Submit a PA request for the applicable quantity.
Adalimumab-fkjp (citrate free) *	Single-Dose Prefilled Pens	40 mg/0.8 ml	ea	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum quantity per dispensing of two cartons (four pens or syringes) per 28-day period. Also restricted to NDC labeler code 83257 for the non-brand name NDCs only. **Note:** Listed product does not include brand name Hulio. The billing unit is each. Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. Submit a PA request for the applicable quantity.
	Single-Dose Prefilled Syringe	20 mg/0.4 ml 40 mg/0.8 ml	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Apremilast *	Tablets	20 mg 30 mg	ea ea	LR	* Restricted to FDA-approved indications. Also restricted to NDC labeler code 55513 only.
	Extended-Release Tablets	75 mg	ea		
	28-Day Initiation Pack	10-20-30 mg	ea		
	28-Day XR Initiation Pack	10-20-30-75 mg	ea		
Baricitinib *	Tablets	1 mg 2 mg 4 mg	ea ea ea	AL, LR	* Restricted to use in patients 18 years of age and older with alopecia areata. Also restricted to NDC labeler code 00002 only.
Benralizumab *	Single-Dose Autoinjector Pen	30 mg/ml	ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) maximum quantity of 1 single-dose injection per dispensing and one dispensing every 28-day period. Also restricted to NDC labeler code 00310 only.
Dalfampridine *	Extended-Release Tablets	10 mg	ea	AL	* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis only.
Dimethyl Fumarate *	Delayed-Release Capsules	120 mg 240 mg	ea ea	AL	* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Dupilumab *	Single-Dose Prefilled Pen	200 mg/1.14 ml 300 mg/2 ml	ml ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum dispensing quantity of one carton (two single-dose pens or syringes) per 28-day period. Also restricted to NDC labeler code 00024 only. **Note:** Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. For loading doses, submit a PA request for the applicable quantity. For eosinophilic esophagitis requiring doses that exceed the Code I restriction, submit a PA request for the applicable quantity.
	Single-Dose Prefilled Syringe	200 mg/1.14 ml 300 mg/2 ml	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Etanercept *	Single-Dose Prefilled Syringe	25 mg/0.5 ml 50 mg/ml	ml ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum quantity per dispensing of one carton (four single-dose prefilled syringes) or one carton (four SureClick® single-dose prefilled autoinjectors) or one carton (four Enbrel Mini® single-dose prefilled cartridges) or one kit (four multiple-dose vials) or one carton (four single-dose vials) per 28-day period. Also restricted to NDC labeler code 58406 only. **Note:** Bill using outer package NDCs for proper reimbursement. Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. Submit a PA request for the applicable quantity.
	Single-Dose Prefilled SureClick Autoinjector	50 mg/ml	ml		
	Single-Dose Vial	25 mg/0.5 ml	ml		
	Lyophilized Powder, Multiple-Dose Vial for Reconstitution	25 mg	ea		
	Enbrel Mini Single-Dose Prefilled Cartridge	50 mg	ml		
Glatiramer Acetate *	Syringe	20 mg/ml 40 mg/ml	ml ml	LR	* Restricted to NDC labeler code 68546 only. **Effective August 1, 2026:** NDC labeler code removed.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Lebrikizumab-lbkz *	Single-Dose Prefilled Pen	250 mg/2 ml	ml	AL, LR, QL	* Restricted to 1) the treatment of moderate-to-severe atopic dermatitis in patients 12 years of age and older; and 2) a maximum dispensing quantity of two single-dose pens or syringes per 28-day period. Also restricted to NDC labeler code 00002 only. **Note:** Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. For loading doses, submit a PA for the applicable quantity.
	Single-Dose Prefilled Syringe	250 mg/2 ml	ml		
Leflunomide	Tablets	10 mg 20 mg	ea ea		
Mepolizumab *	Auto-Injector	100 mg/ml	ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum quantity of three single-dose injections per dispensing and one dispensing per 28-day period. Also restricted to NDC labeler code 00173 only.
	Syringe	40 mg/0.4 ml 100 mg/ml	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Mirikizumab-mrkz *	Single-Dose Prefilled Pens or Syringes	100 mg/ml 200 mg/2 ml	ml ml	AL, LR, QL	* Restricted to 1) the treatment of moderately to severely active Crohn's disease or ulcerative colitis in patients 18 years of age and older; and 2) a maximum dispensing quantity of one carton (2 mls or 3 mls) per 28-day period. Also restricted to NDC labeler code 00002 only. **Note:** The billing unit is ml.
Monomethyl Fumarate *	Delayed-Release Capsules	95 mg	ea	AL, LR	* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis only. Also restricted to NDC labeler code 69387 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Nemolizumab-ilto *	Single-Dose Dual Chamber Prefilled Pen	30 mg/0.49 ml	ea	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum dispensing quantity of one single-dose pen per 28-day period. Also restricted to NDC labeler code 00299 only. **Note:** Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. For loading doses, submit a PA request for the applicable quantity. For prurigo nodularis requiring doses that exceed the Code I restriction, submit a PA request for the applicable quantity.
Ozanimod Hydrochloride *	Capsules	0.92 mg, 30 count bottle	ea	AL, LR	* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis or ulcerative colitis only. Also restricted to NDC labeler code 59572 only.
	7-Day Starter Pack	0.23 mg x 4, 0.46 mg x 3	ea		
	Starter Kit	0.23 mg x 4, 0.46 mg x 3, 0.92 mg x 21	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Remibrutinib *	Tablet	25 mg	ea	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum dispensing quantity of 60 tablets per 30-day period. Also restricted to NDC labeler code 00078 only.
Risankizumab-rzaa *	Single-Dose Prefilled Autoinjector or Syringe	150 mg/ml	ml	AL, LR, QL	* Restricted to 1) the treatment of moderate-to-severe plaque psoriasis or active psoriatic arthritis in patients 18 years of age and older; and 2) a maximum dispensing quantity of one carton per 84-day period. Also restricted to NDC labeler code 00074 only. **Note:** Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. For moderate-to-severe plaque psoriasis or active psoriatic arthritis loading doses, submit a PA request for the applicable quantity.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Secukinumab *	Single-Dose Prefilled Syringes or Pens	75 mg/0.5 ml x 1 (75 mg) 150 mg/ml x 1 (150 mg) 150 mg/ml x 2 (300 mg) 300 mg/2 ml x 1 (300 mg)	ml ml ml ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum dispensing quantity of one carton per 28-day period. Also restricted to NDC labeler code 00078 only. **Note:** Includes Sensoready and UnoReady Pens. Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. For loading doses, submit a PA request for the applicable quantity. For hidradenitis suppurativa requiring doses that exceed the Code I restriction, submit a PA request for the applicable quantity.
Teriflunomide *	Tablets	7 mg 14 mg	ea ea	AL	* Restricted to use in patients 18 years of age and older for the treatment of multiple sclerosis only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Tralokinumab-ldrm *	Single-Dose Autoinjector	300 mg/2 ml	ml	AL, LR, QL	* Restricted to 1) the treatment of moderate-to-severe atopic dermatitis in patients 12 years of age and older (or 18 years of age and older for the autoinjectors only); and 2) a maximum dispensing quantity of four (150 mg/mL) single-dose syringes or two (300 mg/2 mL) single-dose autoinjectors per 28-day period. Also restricted to NDC labeler code 50222 only. **Note:** Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. For adult loading doses, submit a PA request for the applicable quantity.
	Single-Dose Prefilled Syringe	150 mg/ml	ml		
Upadacitinib *	Extended-Release Tablets	15 mg 30 mg 45 mg	ea ea ea	LR, QL	* Restricted to FDA-approved indications. The 45 mg tablet is also restricted to a maximum quantity of 28 tablets per dispensing and three dispensings in any 12-month period. Also restricted to NDC labeler code 00074 only for all strengths and dosage forms.
	Oral Solution	1 mg/ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunomodulators					
Ustekinumab-ttwe *	Single-Dose Prefilled Syringes	45 mg/0.5 ml 90 mg/1 ml	ml ml	LR, QL	* Restricted to 1) FDA-approved indications; and 2) a maximum dispensing quantity of one carton (1 injection) per 56-day period (up to an 84-day supply). Also restricted to NDC labeler code 61314 only. **Note:** Claims for FDA-approved dosing quantities that exceed the Code I restriction can be overridden with an approved PA. Submit a PA request for the applicable quantity.
	Vial	45 mg/0.5 ml	ml		

Immunosuppressive Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunosuppressive Agent					
Azathioprine	Tablets	50 mg	ea		
Cyclosporine, Modified	Capsules	25 mg 100 mg	ea ea		
Mycophenolate Mofetil	Capsules	250 mg	ea		
	Reconstituted Suspension *	200 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
	Tablets	500 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Immunosuppressive Agent					
Mycophenolate Sodium	Delayed-Release Tablets	180 mg 360 mg	ea ea		
Sirolimus	Tablets	0.5 mg 1 mg	ea ea		
	Oral Solution *	1 mg/ml	ml	AL	* Restricted to members that are 21 years of age and younger.
Tacrolimus	Capsules	0.5 mg 1 mg 5 mg	ea ea ea		
	Ointment	0.03% 0.1%	gm gm		

Interstitial Cystitis Agent

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Interstitial Cystitis Agent					
Pentosan Polysulfate Sodium	Capsules	100 mg	ea		

Laxatives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Laxatives					
Lactulose	Solution	10 g/15 ml	ml		

Local Anesthetic Injection

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Local Anesthetic Injection					
Lidocaine Hydrochloride *	Injection	1%, 10 ml 1%, 20 ml	ml ml	QL	* Restricted to a maximum quantity of 20 ml per dispensing.

Metabolic Supplements: Calcium Supplements and Vitamin D Analogs

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Calcium Supplements and Vitamin D Analogs					
Calcitriol	Tablets or Capsules	0.25 mcg 0.50 mcg	ea ea		
	Solution, Oral	1 mcg/ml	ml		
Calcium Acetate	Tablets or Capsules	667 mg	ea		
Doxercalciferol	Capsules	0.5 mcg 2.5 mcg	ea ea		
Ergocalciferol	Capsules	1.25 mg	ea		

Metabolic Supplements: Fluoride

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Fluoride					
Sodium Fluoride	Chewable Tablets	0.25 (0.55) mg 0.50 (1.1) mg 1.0 (2.2) mg	ea ea ea		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
	Drops		ml		

Metabolic Supplements: Potassium Supplement

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Potassium Supplement					
Potassium Bicarbonate/ Citric Acid	Effervescent Tablets	10 mEq 20 mEq 25 mEq	ea		
Potassium Chloride	Long-Acting Tablets	8 mEq 10 mEq 20 mEq	ea		
	Extended-Release Tablets	15 mEq 20 mEq	ea ea		
	Injection		ml		
	Liquid	10% 20%	ml ml	QL	**Note:** Payment for oral liquid limited to a minimum dispensing quantity of 480 ml. Refer to CCR, Title 22, Section 51513(b)(5) regarding exceptions.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Potassium Supplement					
(continued)	Long-Acting Capsules	8 mEq 10 mEq	ea ea		
	Packet	20 mEq	ea		
Potassium Citrate	Extended-Release Tablets	5 mEq 10 mEq 15 mEq	ea ea ea		
Potassium Citrate Monohydrate/Sodium Citrate Dihydrate/Citric Acid Monohydrate	Oral Solution	550 mg/500 mg/ 334 mg	ml		
Potassium Phosphate, Monobasic	Tablets	500 mg	ea		
Sodium Phosphate, Dibasic, Monobasic/ Potassium Phosphate Monobasic	Tablets	250 mg	ea		
Sodium Phosphate, Monobasic/Potassium Phosphate Monobasic	Tablets	700-305 mg	ea		

Metabolic Supplements: Vitamins

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Vitamins					
Cyanocobalamin (Injectable Only)	Injection	100 mcg/ml 1000 mcg/ml	ml ml		
Folic Acid	Tablets	1 mg	ea		
Leucovorin Calcium	Injection	3 mg/ml, 1 ml	ml		
	Powder for Injection	50 mg/vial 100 mg/vial	ea ea		
	Tablets	5 mg 10 mg 25 mg	ea ea ea		
Levocarnitine	Tablets	330 mg	ea		
	Oral Liquid	100 mg/ml	ml		
Levocarnitine SF	Oral Liquid	100 mg/ml	ml		
Pyridoxine	Injection	100 mg/ml, 10 ml 100 mg/ml, 30 ml	ml ml		
Thiamine Hydrochloride	Injection	100 mg/ml	ml		
Vitamins A, D, C, with Sodium Fluoride	Drops	50 ml	ml		Reimbursable for children up to the 5th birthday only. **Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Metabolic Supplements: Vitamins					
Vitamin B Comp No.3/ Folic/C/Biotin	Tablets	1 mg-60 mg-300 mcg	ea		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
Vitamin D3 (cholecalciferol)	Tablets or Capsules	1,250 mcg (50,000 u)	ea		

Miscellaneous

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Miscellaneous					
Ethyl Alcohol	Vial	99%	ml		
Semaglutide (Wegovy) *	Injectable Pens	0.25 mg/0.5 ml 0.5 mg/0.5 ml 1 mg/0.5 ml 1.7 mg/0.75 ml 2.4 mg/0.75 ml	ml ml ml ml ml	LR, QL	* Restricted to 1) the treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) (formerly known as NASH); and 2) maximum quantity of 1 carton (4 single-dose pen injectors) per dispensing and one dispensing every 28 days. Also, restricted to NDC labeler code 00169 only.
Water for Injection, Sterile Water for Injection, Bacteriostatic	Injection	5 ml 10 ml 20 ml 30 ml 50 ml	ml ml ml ml ml		

Movement Disorder Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Movement Disorder Agents					
Deutetrabenazine *	Tablets	6 mg 9 mg 12 mg	ea ea ea	AL, LR	* Restricted to use in patients 18 years of age and older for the treatment of tardive dyskinesia or chorea associated with Huntington's disease. Also restricted to NDC labeler code 68546 only.
	Extended-Release Tablets	6 mg 12 mg 18 mg 24 mg 30 mg 36 mg 42 mg 48 mg	ea ea ea ea ea ea ea ea		
	Titration Kit	12-18-24-30	ea		
Tetrabenazine *	Tablets	12.5 mg 25 mg	ea ea		* Restricted to use in the treatment of chorea associated with Huntington's disease.
Valbenazine Tosylate *	Capsules (including Initiation Pack)	40 mg 60 mg 80 mg	ea ea ea	AL, LR	* Restricted to use in patients 18 years of age and older for the treatment of tardive dyskinesia or chorea associated with Huntington's disease. Also restricted to NDC labeler code 70370 only.
	Sprinkle Capsules	40 mg 60 mg 80 mg	ea ea ea		

Nasal Corticosteroids

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Nasal Corticosteroids					
Beclomethasone Dipropionate *	Nasal Spray	40 mcg/actuation, 6.8 gm 80 mcg/actuation, 10.6 gm	gm gm	LR	* Restricted to NDC labeler code 59310 only.
Budesonide	Nasal Spray	32 mcg	ml		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
Fluticasone Propionate	Nasal Spray	50 mcg/actuation, 9.9 ml 50 mcg/actuation, 15.8 ml 50 mcg/actuation, 16.0 gm 93 mcg/actuation, 16.0 ml *	ml ml gm ml	AL, LR	* Restricted to the treatment of nasal polyps in patients 18 years of age or older. Also restricted to NDC labeler code 71143 for the 93 mcg/actuation nasal spray only.

Ophthalmic Preparations: Anti-Glaucoma Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Anti-Glaucoma Agents					
Acetazolamide	Tablets	125 mg 250 mg	ea ea		
	Sustained-Release Capsules	500 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Anti-Glaucoma Agents					
Apraclonidine HCL	Ophthalmic Solution	0.5%	ml		
Betaxolol HCL	Ophthalmic Drops	0.25% 0.5%	ml		
Bimatoprost *	Ophthalmic Solution	0.01%	ml	LR	* Restricted to NDC labeler code 00023 only.
Brimonidine Tartrate	Ophthalmic Solution	0.15% * 0.1% * 0.2%	ml ml ml	LR	* Restricted to NDC labeler code 00023 for the 0.15% and 0.1% ophthalmic solutions only.
Brimonidine Tartrate/ Timolol Maleate *	Ophthalmic Solution	0.2%/0.5%	ml	LR	* Restricted to NDC labeler code 00023 only.
Brinzolamide *	Ophthalmic Suspension	1.0%	ml	LR	* Restricted to NDC labeler code 66758 only.
Brinzolamide/Brimonidine Tartrate *	Ophthalmic Suspension	1%-0.2%	ml	LR	* Restricted to NDC labeler code 00065 only.
Carteolol HCL	Ophthalmic Solution	1%	ml		
Dorzolamide HCL	Ophthalmic Solution	2%	ml		
Dorzolamide HCL and Timolol Maleate	Ophthalmic Solution	2%/0.5%	ml		
	Ophthalmic Solution, PF	2%/0.5%	ea		
Latanoprost	Ophthalmic Solution	0.005%	ml		
Levobunolol HCL	Ophthalmic Drops	0.5%	ml		
Methazolamide	Tablets	25 mg 50 mg	ea ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Anti-Glaucoma Agents					
Netarsudil Mesylate *	Ophthalmic Solution	0.02%	ml	LR	* Restricted to NDC labeler code 70727 only.
Netarsudil Mesylate/ Latanoprost *	Ophthalmic Solution	0.02%/0.005%	ml	LR	* Restricted to NDC labeler code 70727 only.
Timolol Maleate	Ophthalmic Drops	0.25%, 5 ml, 10 ml, 15 ml 0.5%, 5 ml, 10 ml, 15 ml	ml ml		**Note:** Does not include daily dose drops.
Travoprost	Ophthalmic Solution	0.004%, 2.5 ml 0.004%, 5.0 ml	ml ml		

Ophthalmic Preparations: Ophthalmic Anesthetic

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Anesthetic					
Proparacaine HCL	Ophthalmic Solution	0.5%, 2 ml 0.5%, 15 ml	ml ml		

Ophthalmic Preparations: Ophthalmic Antibiotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Antibiotics					
Azithromycin	Refer to: Antibiotics				
Bacitracin	Ophthalmic Ointment		gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Antibiotics					
Chloramphenicol	Refer to: Antibiotics				
Ciprofloxacin HCL	Ophthalmic Solution	0.3%	ml		
Erythromycin Ophthalmic Ointment	Ophthalmic Ointment		gm		
Gentamicin	Refer to: Antibiotics				
Moxifloxacin HCL Ophthalmic Solution (non-viscous, equivalent to Vigamox®)	Ophthalmic Solution	0.5%	ml		
Natamycin	Ophthalmic Solution	5%,15 ml	ml		
Neomycin, Bacitracin and Polymyxin	Ophthalmic Ointment		gm		
Neomycin, Polymyxin and Gramicidin	Ophthalmic Solution		ml		
Ofloxacin	Ophthalmic Solution	0.3%	ml		
Polymyxin, Bacitracin	Ophthalmic Ointment		gm		
Tobramycin	Ophthalmic Solution	0.3%, 5 ml	ml		
Trimethoprim Sulfate and Polymyxin B Sulfate	Ophthalmic Solution		ml		

Ophthalmic Preparations: Ophthalmic Antihistamines

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Antihistamines					
Alcaftadine	Ophthalmic Solution	0.25%	ml		
Azelastine HCL	Refer to: Antihistamines				
Epinastine HCL	Ophthalmic Drops	0.05%	ml		
Ketotifen Fumarate	Ophthalmic Drops	0.025%	ml		
Olopatadine HCL *	Ophthalmic Solution	0.1%, 5 ml 0.2%, 2.5 ml	ml ml	AL	* Restricted to individuals 2 years of age and older. **Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.

Ophthalmic Preparations: Ophthalmic Anti-Inflammatories

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Anti-Inflammatories					
Dexamethasone	Refer to: Glucocorticoids				
Dexamethasone with Neomycin and Polymyxin	Ophthalmic Ointment	0.1%-0.35%/ 10,000 U/gm 3.5 gm	gm		
	Ophthalmic Solution or Suspension	0.1%-0.35%/ 10,000 U/gm 5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Anti-Inflammatories					
Diclofenac Sodium	Refer to: Anti-Inflammatory				
Difluprednate	Ophthalmic Emulsion (Drops)	0.05%	ml		
Fluorometholone	Ophthalmic Suspension	0.1% 0.25%	ml ml		
Ketorolac Tromethamine	Ophthalmic Solution	0.4% 0.5%	ml ml		
	Single-Use Vials for Ophthalmic Solution	0.45%, 30s *	ea	LR	* The 0.45%, 30s ophthalmic solution vials are restricted to NDC labeler code 00023.
Loteprednol Etabonate	Ophthalmic Suspension	0.2% * 0.25% * 0.5%	ml ml ml	LR	* Loteprednol Etabonate 0.2% ophthalmic suspension is restricted to NDC labeler code 24208 only. * The 0.25% ophthalmic suspension is restricted to the short-term treatment of 14 days for dry eye disease and to NDC labeler code 71571 only.
	Ophthalmic Ointment *	0.5% (3.5 gm)	gm	LR	* Restricted to NDC labeler code 24208 only.
	Ophthalmic Gel Drops	0.38% (5 gm) * 0.5%	gm gm	LR	* The 0.38% gel drops are restricted to NDC labeler code 24208 only.
Loteprednol Etabonate/ Tobramycin *	Ophthalmic Suspension	0.5%-0.3%	ml	LR	* Restricted to NDC labeler code 24208 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Anti-Inflammatories					
Prednisolone	Ophthalmic Solution	0.12%-0.125%, 5 ml 0.12%-0.125%, 10 ml 1.0%, 5 ml 1.0%, 10 ml 1.0%, 15 ml	ml		
Sulfacetamide with Prednisolone	Ophthalmic Solution	10%-0.23% (10%-0.25%) 10%-0.2%	ml ml		
Tobramycin with Dexamethasone	Ophthalmic Ointment *	0.3%-0.1%	gm	LR	* Restricted to NDC labeler code 00078 for the ophthalmic ointment only.
	Ophthalmic Solution or Suspension	0.3%-0.1%	ml		

Ophthalmic Preparations: Ophthalmic Anti-Virals

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Anti-Virals					
Ganciclovir	Ophthalmic Gel *	0.15%	gm	LR	* Restricted to NDC labeler code 24208.
Trifluridine	Ophthalmic Solution	1%, 7.5 ml	ml		

Ophthalmic Preparations: Ophthalmic Mast Cell Stabilizers

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Mast Cell Stabilizers					
Cromolyn Sodium	Ophthalmic Solution	4%	ml		

Ophthalmic Preparations: Ophthalmic Miotics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Miotics					
Echothiophate	Ophthalmic		ml		
Pilocarpine	Ophthalmic Gel	4%	gm		
	Ophthalmic Solution	0.25% 1% 2% 3% 4% 5% 6% 8% 10%	ml ml ml ml ml ml ml ml ml		

Ophthalmic Preparations: Ophthalmic Miscellaneous

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Miscellaneous					
Cyclosporine *	Single-Use Vials for Eye Emulsion	0.05%, 30s 0.05%, 60s	ea ea	LR	* Restricted to NDC labeler code 00023.

Ophthalmic Preparations: Ophthalmic Mydriatics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Mydriatics					
Atropine Sulfate	Injection		ml		
	Ophthalmic Ointment	1%	gm		
	Ophthalmic Solution	0.5% 1%	ml ml		
Cyclopentolate HCL	Ophthalmic Solution	0.5% 1% 2%	ml ml ml		
Cyclopentolate/ Phenylephrine	Ophthalmic Drops	0.2%-1%	ml		
Phenylephrine	Ophthalmic Solution	0.12% 2.5% 10%	ml ml ml		
Tropicamide	Ophthalmic Solution	0.5% 1%	ml ml		

Ophthalmic Preparations: Ophthalmic Sulfonamide

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Ophthalmic Preparations: Ophthalmic Sulfonamide					
Sulfacetamide Sodium	Ophthalmic Ointment	10%	gm		
	Ophthalmic Solution	10% 15% 30%	ml ml ml		

Otic Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Otic Preparations					
Acetic Acid	Otic Solution	2%	ml		
Acetic Acid with Hydrocortisone	Otic Solution	2%-1%	ml		
Ciprofloxacin HCL/ Dexamethasone	Otic Suspension	0.3%-0.1%	ml		
Ciprofloxacin HCL/ Hydrocortisone *	Otic Suspension	2 mg/ml- 10 mg/ml	ml	LR	* Restricted to NDC labeler code 66758 only.
Hydrocortisone with Polymyxin B and Neomycin	Otic Solution	1%, 10,000 units – 3.3 mg/ml, 10 ml	ml		
	Otic Suspension	1%, 10,000 units – 3.3 mg/ml, 10 ml	ml		
Neomycin/Colistin/ Hydrocortisone/ Thonzonium	Otic Suspension	3.3 mg/1 ml, 3 mg/1 ml, 1%, 0.5 mg/1 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Otic Preparations					
Ofloxacin	Otic Solution	0.3%	ml		

Oxytocics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Oxytocics					
Methylergonovine Maleate	Tablets	0.2 mg	each		

Prostate Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Prostate Agents					
Alfuzosin HCL	Extended-Release Tablets	10 mg	ea		
Dutasteride	Capsules	0.5 mg	ea		
Finasteride	Tablets	5 mg	ea		
Prazosin HCL	Refer to: Diuretics and Cardiovascular: Antihypertensive (also Diuretics)				
Tamsulosin HCL	Capsules	0.4 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Prostate Agents					
Terazosin Hydrochloride	Tablets or Capsules	1 mg 2 mg 5 mg 10 mg	ea ea ea ea		

Phosphate Binders

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Phosphate Binders					
Calcium Acetate	Refer to: Calcium Supplements and Vitamin D Analogs				
Sevelamer Carbonate	Tablets	800 mg	ea		
Sevelamer Hydrochloride	Tablets	400 mg 800 mg	ea ea		

Recombinant Human Growth Hormone

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Recombinant Human Growth Hormone					
Lonapegsomatropin-tcgd *	Cartridges	3 mg 3.6 mg 4.3 mg 5.2 mg 6.3 mg 7.6 mg 9.1 mg 11 mg 13.3 mg	ea ea ea ea ea ea ea ea ea	AL, LR	* Restricted to FDA-approved indications. Use in Medi-Cal members older than 18 years of age requires a PA. Also restricted to NDC labeler code 73362 only.
Somatrogon-ghla *	Prefilled Pen	24 mg/1.2 ml 60 mg/1.2 ml	ml ml	AL, LR	* Restricted to use in the pediatric treatment of growth failure due to growth hormone deficiency (GHD). Use in Medi-Cal members older than 18 years of age requires a PA. Also restricted to NDC labeler code 00069 only.
Somatropin (Genotropin) *	Cartridges	5 mg/ml 12 mg/ml	ea ea	AL, LR	* Restricted to: 1) use in the pediatric treatment of growth failure due to GHD; 2) Prader-Willi Syndrome; 3) Turner syndrome; 4) Small for Gestational Age (SGA); or 5) Idiopathic Short Stature (ISS). Use in Medi-Cal members older than 18 years of age requires a PA. Also restricted to NDC labeler code 00013 only.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Recombinant Human Growth Hormone					
Somatropin (Genotropin Miniquick) *	Syringes	0.2 mg/0.25 ml 0.4 mg/0.25 ml 0.6 mg/0.25 ml 0.8 mg/0.25 ml 1 mg/0.25 ml 1.2 mg/0.25 ml 1.4 mg/0.25 ml 1.6 mg/0.25 ml 1.8 mg/0.25 ml 2 mg/0.25 ml	ea ea ea ea ea ea ea ea ea ea	AL, LR	* Restricted to: 1) use in the pediatric treatment of growth failure due to GHD; 2) Prader-Willi Syndrome; 3) Turner syndrome; 4) SGA; or 5) ISS. Use in Medi-Cal members older than 18 years of age requires a PA. Also restricted to NDC labeler code 00013 only.
Somatropin (Norditropin FlexPro) *	Pen Injector	5 mg/1.5 ml 10 mg/1.5 ml 15 mg/1.5 ml	ml ml ml	AL, LR	* Restricted to: 1) use in the pediatric treatment of growth failure due to inadequate secretion of endogenous growth hormone (GH); 2) short stature associated with Noonan syndrome; 3) short stature associated with Turner syndrome; 4) short stature born SGA with no catch-up growth by age 2 to 4 years; 5) ISS; or 6) growth failure due to Prader-Willi Syndrome. Use in Medi-Cal members older than 18 years of age requires a PA. Also restricted to NDC labeler code 00169 only.

Skeletal Muscle Relaxants

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Skeletal Muscle Relaxants					
Baclofen	Tablets	5 mg 10 mg 20 mg	ea ea ea		
	Solution	5 mg/5 ml	ml		
	Oral Granule Packets *	5 mg	ea	LR	* Restricted to NDC labeler code 64896 only.
Cyclobenzaprine HCL	Tablets	5 mg 10 mg	ea ea		
Dantrolene Sodium	Capsules	25 mg 50 mg 100 mg	ea ea ea		
Methocarbamol	Tablets	500 mg 750 mg	ea ea		
Tizanidine HCL	Tablets	2 mg 4 mg	ea ea		
	Capsules	2 mg 4 mg 6 mg	ea ea ea		

Smoking Deterrents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Smoking Deterrents					
Bupropion HCL	Refer to: Antidepressants				
Varenicline Tartrate	Tablets	0.5 mg 1.0 mg	ea ea		
	Tablets from Continuing Month Box (56 Tablets/Box)	1.0 mg	ea		
	Tablets from Starting Month Box (53 Tablets/Box)	11 x 0.5 mg 42 x 1.0 mg	ea ea		

Sodium/Saline Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Sodium/Saline Preparations					
Bacteriostatic Sodium Chloride	Vial	0.9%, 10 ml 0.9%, 20 ml 0.9%, 30 ml	ml ml ml		**Note:** Sodium Chloride Injection is for use alone or in combination with Heparin Lock Flush Solution for flushing intravenous tubing, heparin locks, and central or peripheral catheters. Sodium chloride/normal saline flush syringes are classified as medical supplies. Refer to the *Medical Supplies* section of the *Medi-Cal Rx Provider Manual* for more information.

Topical, Local, and Oral Preparations: Dermatological Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Adapalene	Cream	0.1%	gm		
	Gel	0.1% 0.3%	gm gm		
Adapalene/Benzoyl Peroxide	Gel with Pump	0.1%/2.5% 0.3%/2.5%	gm gm		
Alclometasone Dipropionate	Cream	0.05%	gm		
	Ointment	0.05%	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Ammonium Lactate	Cream	12%	gm		
	Lotion	12%	gm		
Azelaic Acid	Gel	15%	gm		
Bacitracin	Packet	500 unit/gm	ea		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
	Ointment	500 unit/gm	gm		
Bacitracin Zinc	Packet	500 unit/gm	ea		
	Ointment	500 unit/gm	gm		
Benzoyl Peroxide	Gel	5% 10%	gm gm		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
Betamethasone Dipropionate	Cream	0.05%	gm		
	Lotion	0.05%	ml		
	Ointment	0.05%	gm		
Betamethasone/Propylene Glycol	Cream	0.05%	gm		
	Ointment	0.05%	gm		
Betamethasone Valerate	Cream	0.1%	gm		
	Ointment	0.1%	gm		
Butenafine HCL	Cream	1%	gm		
Calcipotriene	Cream	0.005%	gm		
	Ointment	0.005%	gm		
	Solution	0.005%	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Ciclopirox	Solution	8%	ml		
Ciclopirox Olamine	Cream	0.77%	gm		
Clindamycin Phosphate	Injection	150 mg/ml	ml		
	Topical Solution	1%	ml		
	Pledgets	1%	ea		
	Gel	1%, 30 gm 1%, 60 gm	gm gm		
	Lotion	1%, 60 ml	ml		
Clindamycin Phosphate/ Benzoyl Peroxide	Topical Gel	1%/5%, 25-gm container 1%/5%, 50-gm container 1.2%/5%	gm gm gm		
Clobetasol Propionate	Cream	0.05%, 15 gm 0.05%, 30 gm 0.05%, 45 gm 0.05%, 60 gm	gm gm gm gm		
	Ointment	0.05%, 15 gm 0.05%, 30 gm 0.05%, 45 gm 0.05%, 60 gm	gm gm gm gm		
	Topical Solution	0.05%, 25 ml 0.05%, 50 ml	ml ml		
	Shampoo	0.05%	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Clotrimazole	Refer to: Anti-Fungals				
Clotrimazole/ Betamethasone Dipropionate	Cream	1%/0.05%	gm		
Crotamiton	Cream	10%	gm		
	Lotion	10%	gm		
Desonide	Cream	0.05%	gm		
	Lotion	0.05%	ml		
	Ointment	0.05%	gm		
Econazole Nitrate	Refer to: Anti-Fungals				
Erythromycin Topical Solution	Topical Solution	2%	ml		
Erythromycin/Benzoyl Peroxide	Gel	3%/5%	gm		
Fluocinolone Acetonide	Cream	0.01% 0.025%	gm gm		
	Ointment	0.025%	gm		
	Solution	0.01%	ml		
	Topical Oil	0.01%	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Fluocinonide	Cream	0.05%	gm		
	Ointment	0.05%	gm		
	Solution	0.05%	ml		
	Gel	0.05%	gm		
Fluticasone Propionate	Cream	0.05%, 15 gm 0.05%, 30 gm 0.05%, 60 gm	gm gm gm		
Isotretinoin	Capsules	10 mg 20 mg 25 mg 30 mg 35 mg 40 mg	ea ea ea ea ea ea		
Lidocaine/Prilocaine	Cream	2.5%/2.5%	gm		
Malathion	Lotion	0.5%	ml		
Mupirocin	Ointment	2%	gm		
Neomycin/Polymyxin B/ Pramoxine	Cream	3.5-10k-10	gm		
Permethrin	Cream	5%	gm		
Polymyxin B Sulfate and Bacitracin Zinc	Ointment	10,000U-500U/gm	gm		
Podofilox	Topical Solution	0.5%	ml		
	Topical Gel	0.5%	gm		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical, Local, and Oral Preparations: Dermatological Preparations					
Prednicarbate	Cream	0.1%	gm		
Roflumilast *	Cream	0.15% 0.3%	gm gm	QL	* Restricted to a maximum quantity of one tube or can (60 gm) per dispensing and one dispensing in 30 days.
	Foam	0.3%	gm		
Salicylic Acid	Gel	6%	gm		
Selenium Sulfide	Lotion	2.5%	ml		
Silver Sulfadiazine Cream	Cream	1%	gm		
Spinosad *	Topical Suspension	0.9%	ml	LR	* Restricted to NDC labeler codes 52246 and 84635 only.
Tapinarof *	Cream	1%	gm	QL	* Restricted to a maximum quantity of one tube (60 gm) per dispensing and one dispensing in 30 days.
Tazarotene	Topical Cream or Gel	0.05% 0.1%	gm gm		
Tretinoin	Cream	0.025% 0.05% 0.1%	gm gm gm		
	Gel	0.01% 0.025%	gm gm		

Topical and Local Preparations: Rectal Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Rectal Preparations					
Mesalamine	Enema	4 gm/60 ml	ml		
	Rectal Suppositories	500 mg 1000 mg	ea ea		

Topical and Local Preparations: Vaccines

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Vaccines					
Abrysvo (Respiratory Syncytial Virus Vaccine)	Vial	120 mcg/0.5 ml	ea		
Anthrax Vaccine *	Vial	0.5 ml	ml	AL	* Restricted to Medi-Cal members that are 18 years of age and older.
Arexvy (Respiratory Syncytial Virus Vaccine, Adjuvanted) *	Kit	120 mcg/0.5 ml	ea	AL	* Restricted to Medi-Cal members that are 50 years of age and older.
Chikungunya Vaccine *	Vial	1000 TCID	ea	AL	* Restricted to Medi-Cal members that are 18 years of age and older.
Cholera Vaccine, Live *	Reconstituted Suspension	0.4B-2B Units	ml	AL	* Restricted to Medi-Cal members that are 2 to 64 years of age.
COVID-19 Vaccine	Injection		ml		
Dengue Tetravalent Vaccine, Live (With or Without Diluent)	Vial	$10^{4.5-6}$ units/0.5 ml	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Vaccines					
Diphtheria/Pertussis/ Tetanus Vaccine	Single-Dose Vial for Injection	0.5 ml	ml		
	Prefilled Syringe	0.5 ml	ml		
Diphtheria/Tetanus Toxoids/Acellular Pertussis Vaccine	Syringe	25-58-10 units/ 0.5 ml	ml		
	Vial	15-10-5 units/ 0.5 ml	ml		
Diphtheria/Tetanus Toxoids/Acellular Pertussis/Inactivated Poliovirus Vaccine	Syringe	25-25-10 units/ 0.5 ml 15-48-5-62 units/ 0.5 ml	ml ml		
	Vial	15-20-20 units/ 0.5 ml 15-48-5-62 units/0.5 ml	ml ml		
Diphtheria/Tetanus Toxoids/Acellular Pertussis/Inactivated Poliovirus/Haemophilus B Conjugate Vaccine	Kit	15-48-5-62 units/ 0.5 ml	ea		
	Vial	15-5-20-40-10 units/0.5 ml 15-48-5-62 units/ 0.5 ml	ea ml		
Diphtheria/Tetanus Toxoids/Acellular	Syringe	15-5-10 units/ 0.5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Vaccines					
Pertussis/Inactivated Poliovirus/Haemophilus B Conjugate/Hepatitis B Vaccine	Vial	15-5-10 units/ 0.5 ml	ml		
Diphtheria/Tetanus Toxoids/Acellular Pertussis/Recombinant Hepatitis B/Inactivated Poliovirus Vaccine	Syringe	10-25-25-25 units/ 0.5 ml	ml		
Haemophilus Influenzae Type B Vaccine	Vial	7.5 mcg/0.5 ml 10 mcg/0.5 ml	ml ea		
Hepatitis A Virus Vaccine	Injection	50 units/ml 1440 units/ml	ml ml		
	Syringe	25 units/0.5 ml 720 units/0.5 ml	ml ml		
	Vial	25 units/0.5 ml	ml		
Hepatitis A and B Virus Vaccine	Injection	1-dose syringe 1-dose vial	ml ml		
Hepatitis B Virus Vaccine	Injection	10 mcg/ml 20 mcg/0.5 ml 20 mcg/ml 40 mcg/ml	ml ml ml ml		
	Syringe	5 mcg/0.5 ml 10 mcg/0.5 ml	ml ml		
	Vial	5 mcg/0.5 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Vaccines					
Human Papillomavirus Vaccine	Injection	1-dose syringe 1-dose vial	ml ml		
Inactivated Poliovirus Vaccine	Vial	40-8-32 unit/ml	ml		
Influenza Virus Vaccine	Single-Dose Vial for Injection	0.5 ml	ml		
	Multi-Dose Vial for Injection	5.0 ml	ml		
	Prefilled Syringe	0.5 ml 240 mcg/0.7 ml	ml ml		
	Intranasal Influenza Vaccine Live	0.2 ml	ea		**Note:** 1 each is 0.2 ml.
Japanese Encephalitis Vaccine	Syringe	6 mcg/0.5 ml	ml		
Measles, Mumps, and Rubella Virus Vaccine	Injection	1-dose vial	ea		
Measles, Mumps, Rubella, and Varicella Vaccine	Vial	3-4.3-3 units/ 0.5 ml	ea		
Meningococcal Vaccine	Vial	10 mcg/0.5 ml 10-5 mcg/0.5 ml	ml ml		
	Kit	10-5 mcg/0.5 ml 5-120 mcg/0.5 ml	ea ea		
Meningococcal Group B Vaccine	Injection	50-50 mcg/0.5 ml 120 mcg/0.5 ml	ml ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Vaccines					
Meningococcal Oligosaccharide Diphtheria Conjugate Vaccine	Injection	10-5 mcg/0.5 ml	ea		
Meningococcal Pentavalent Vaccine	Syringe	120 mcg/0.5 ml	ml		
	Vial	5 mcg/0.5 ml	ea		
Meningococcal Polysaccharide Diphtheria Conjugate Vaccine	Injection	4 mcg/0.5 ml	ml		
Meningococcal Polysaccharide Vaccine	Injection	50 mcg	ea		
Meningococcal Quadrivalent Vaccine	Vial	10 mcg/0.5 ml	ea		
Meningococcal Quadrivalent Vaccine 135 Component	Vial	5 mcg x 3/0.5 ml	ml		
MRESVIA (Respiratory Syncytial Virus Vaccine) *	Injection	1-dose syringe	ml	AL	* Restricted to Medi-Cal members that are 60 years of age and older.
Nirsevimab-alip	Syringe	50 mg/0.5 ml 100 mg/ml	ml ml		
Pneumococcal Vaccine, 13-Valent, Conjugated	Injection	1-dose syringe	ml		
Pneumococcal Vaccine, 15-Valent, Conjugated	Injection	1-dose syringe	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Vaccines					
Pneumococcal Vaccine, 20-Valent, Conjugated	Injection	1-dose syringe	ml		
Pneumococcal Vaccine, 21-Valent, Conjugated	Injection	1-dose syringe	ml		
Pneumococcal Vaccine, 23-Valent, Non-Conjugated	Injection	1-dose syringe 1-dose vial	ml ml		
Rabies Vaccine	Injection	1-dose vial	ea		
Rotavirus Vaccine	Oral Suspension	1.5 ml	ml		
	Reconstituted Suspension	1 ml	ml		
	Single-Dose Solution	2 ml	ml		
Smallpox/Mpox Vaccine	Injection	1-dose vial	ml		
Tetanus and Diphtheria Toxoids Adsorbed Vaccine	Injection	1-dose syringe 1-dose vial	ml ml		
Tick-Borne Encephalitis Vaccine *	Syringe	1.2 mcg/0.25 ml 2.4 mcg/0.5 ml	ml ml	AL	* Restricted to Medi-Cal members that are 1 year of age and older.
Typhoid Vaccine	Capsule DR	2B units	ea		
	Syringe	25 mcg/0.5 ml	ml		
	Vial	25 mcg/0.5 ml	ml		
Varicella Virus Vaccine	Injection	1-dose vial	ea		
Varicella Zoster Vaccine	Injection Kit	1-dose vial	ea kit		
	Syringe	1-dose syringe	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Vaccines					
Yellow Fever Vaccine	Vial	$10^{4.74}$ PFU 1000 IU/0.5 ml	ea ea		

Topical and Local Preparations: Vaginal Preparations

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Topical and Local Preparations: Vaginal Preparations					
Butoconazole Nitrate	Vaginal Cream (Prefilled Applicator)	2%	gm		
Clindamycin Phosphate	Cream with Applicator	2%	gm		
	Cream	2%	gm		
	Vaginal Suppositories	100 mg	ea		
Clotrimazole	Refer to: Anti-Fungals				
Metronidazole	Vaginal Gel	0.75%, 70 gm	gm		
		1.3%, 5 gm *	gm	LR	* The 1.3%, 5 gm vaginal gel is restricted to NDC labeler code 00642 only.
Miconazole Nitrate	Vaginal Suppositories	200 mg, 3s	ea		**Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.
Terconazole	Vaginal Cream	0.4%, 45 gm 0.8%, 20 gm	gm gm		
	Vaginal Suppositories	80 mg, 3s	ea		

Urea Cycle Disorder Treatment Agents

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Urea Cycle Disorder Treatment Agents					
Carglumic Acid *	Tablet for Oral Suspension	200 mg	ea	LR	* Restricted to NDC labeler code 52276 only.
Sodium Phenylbutyrate *	Granules	483 mg/gm	gm	LR	* Restricted to NDC labeler code 71770 only.

Urinary Tract Antispasmodics

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Urinary Tract Antispasmodics					
Darifenacin Hydrobromide	Extended-Release Tablets	7.5 mg 15 mg	ea ea		
Fesoterodine Fumarate	24-hour Extended-Release Tablets	4 mg 8 mg	ea ea		
Flavoxate HCL	Tablet	100 mg	ea		
Mirabegron *	Extended-Release Tablets	25 mg 50 mg	ea ea	LR	* Restricted to NDC labeler code 00469 only.
	Oral Suspension	8 mg/ml	ml		
Oxybutynin *	Transdermal System Patch	3.9 mg	ea	LR	* Restricted to NDC labeler code 00023 only. **Note:** Refer to *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Urinary Tract Antispasmodics					
Oxybutynin Chloride	Tablets	5 mg	ea		
	Extended-Release Tablets	5 mg 10 mg 15 mg	ea ea ea		
	Syrup	5 mg/5 ml	ml		
Solifenacin Succinate	Tablets	5 mg 10 mg	ea ea		
Tolterodine Tartrate	Tablets	1 mg 2 mg	ea ea		
	Extended-Release Capsules	2 mg 4 mg	ea ea		
Trospium Chloride	Tablets	20 mg	ea		
	Extended-Release Capsules	60 mg	ea		

Urine Acid Modifiers

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Urine Acid Modifiers					
Citric Acid/Sodium Citrate	Oral Solution	334 mg-500 mg	ml		

Intravenous Solutions

Simple Intravenous Solutions (milliliter)

Simple intravenous (I.V.) solutions are typically used for hydration therapy. Included are commercially available (non-compounded) solutions such as Normal Saline, Dextrose (up to 10% in Water), and Lactated Ringer's Solution; commercially prepared solutions of potassium chloride in such solutions are also included in this definition. Simple intravenous solutions should be billed using the product's NDC number.

Parenteral Nutrition Solutions (TPN or Hyperalimentation) (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days' supply per dispensing within this 10-day period.

(Parenteral nutrition solutions are intravenously or intra-arterially administered nutritional products that are typically suspensions or solutions of amino acids or protein, dextrose, lipids, electrolytes, vitamin and/or mineral supplements, and trace elements.)

Adjuncts to parenteral nutrition are other drugs which are physically mixed into a parenteral nutrition solution at any time prior to administration. Bill for these products as part of the parenteral nutrition billing.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. Refer to the *Completion Instructions for California Specific Compound Pharmacy Claim Form (30-4)* section of the *Medi-Cal Rx Provider Manual* for more information.

Separately Administered Intravenous Lipids (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days' supply per dispensing within this 10-day period.

Intravenous lipid solutions or suspensions that are administered separately from parenteral nutrition solutions (that is, are not physically mixed into the parenteral nutrition solution container) should be billed using the product's NDC number.

Intravenous Solutions of Unlisted Antibiotics (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days' supply per dispensing within the 10-day period.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. Refer to the *Completion*

Instructions for California Specific Compound Pharmacy Claim Form (30-4) section of the *Medi-Cal Rx Provider Manual* for more information.

Intravenous Solutions of Other Unlisted Drugs (milliliter) *

* Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same drug was started before discharge. There is a maximum of 10 days' supply per dispensing within the 10-day period.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. Refer to the *Completion Instructions for California Specific Compound Pharmacy Claim Form (30-4)* section of the *Medi-Cal Rx Provider Manual* for more information.